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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
  
**RECEIVED**  
  
NOV 13 1992  
  
O. C. D.  
ARTESIA

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

|  |  |                                     |
|--|--|-------------------------------------|
| Operator<br><b>YATES PETROLEUM CORPORATION</b> ✓   |  | Well API No.<br><b>30-015-27051</b> |
| Address<br><b>105 South 4th St., Artesia, NM 88210</b>   |  |                                     |
| Reason(s) for Filing (Check proper box)<br>New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Change in Transporter of:<br>Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> WELL PRODUCING THRU LACT UNIT LOCATED AT<br>DAHLIA ALA COM #1, 1980' FSL, 660' FWL,<br>Sec. 25-T20S-R24E. |  |                                     |
| If change of operator give name and address of previous operator   |  |                                     |

**II. DESCRIPTION OF WELL AND LEASE**

|   |                      |   |  |                              |
|---|----------------------|---|--|------------------------------|
| Lease Name<br><b>Staghorn AJG Federal Com</b>   | Well No.<br><b>2</b> | Pool Name, Including Formation<br><b>South Dagger Draw U/Penn</b> | Kind of Lease<br><b>Style, Federal or Fed/</b> | Lease No.<br><b>NM 76938</b> |
| Location<br>Unit Letter <b>N</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line<br>Section <b>25</b> Township <b>20S</b> Range <b>24E</b> , <b>NMPM</b> , <b>Eddy</b> County |                      |   |  |                              |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |  |  |                         |
|--|--|--|--|-------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>AMOCO PIPELINE CO.</b><br><b>AMOCO PIPELINE INTERCORPORATE TRUCKING</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>502 N. West Avenue, Levelland, TX 79336</b> |  |  |                         |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>YATES PETROLEUM CORPORATION</b>                                 | Address (Give address to which approved copy of this form is to be sent)<br><b>105 South 4th St., Artesia, NM 88210</b>    |  |  |                         |
| If well produces oil or liquids, give location of tanks.   | Unit<br><b>L</b>   | Sec. <b>25</b> Twp. <b>20</b> Rge. <b>24</b> | Is gas actually connected?<br><b>Yes</b> | When?<br><b>9-17-92</b> |

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

|   |   |          |  |          |                                   |           |            |            |
|---|---|----------|--|----------|-----------------------------------|-----------|------------|------------|
| Designate Type of Completion - (X)                    | Oil Well <input checked="" type="checkbox"/>  | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen                            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded<br><b>8-21-92</b>                        | Date Compl. Ready to Prod.<br><b>11-10-92</b> |          | Total Depth<br><b>8150'</b>                  |          | P.B.T.D.<br><b>8050'</b>          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br><b>3621' GR</b> | Name of Producing Formation<br><b>Canyon</b>  |          | Top Oil/Gas Pay<br><b>7657'</b>              |          | Tubing Depth,<br><b>7584'</b>     |           |            |            |
| Perforations<br><b>7657-7732'</b>                     |   |          |  |          | Depth Casing Shoe<br><b>8150'</b> |           |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b>            |   |          |  |          |                                   |           |            |            |
| HOLE SIZE   | CASING & TUBING SIZE                          |          | DEPTH SET                                    |          | SACKS CEMENT                      |           |            |            |
| <b>26"</b>  | <b>20"</b>                                    |          | <b>80'</b>                                   |          | <b>RediMix</b>                    |           |            |            |
| <b>14-3/4"</b>  | <b>9-5/8"</b>                                 |          | <b>1205'</b>                                 |          | <b>1650 sx circulated</b>         |           |            |            |
| <b>8-3/4"</b>   | <b>7"</b>                                     |          | <b>8150'</b>                                 |          | <b>1600 sx circulated</b>         |           |            |            |
|   | <b>2-7/8"</b>                                 |          | <b>7584'</b>                                 |          |                                   |           |            |            |

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

|   |                                 |   |                         |
|---|---------------------------------|---|-------------------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) |                                 |   |                         |
| Date First New Oil Run To Tank<br><b>9-17-92</b>  | Date of Test<br><b>11-10-92</b> | Producing Method (Flow, pump, gas lift, etc.)<br><b>Pumping</b> |                         |
| Length of Test<br><b>24 hrs</b>   | Tubing Pressure<br><b>120</b>   | Casing Pressure<br><b>100</b>                                   | Choke Size<br><b>2"</b> |
| Actual Prod. During Test<br><b>75</b>   | Oil - Bbls.<br><b>48</b>        | Water - Bbls.<br><b>27</b>                                      | Gas- MCF<br><b>107</b>  |

**GAS WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Juanita Goodlett*  
Signature  
**Juanita Goodlett - Production Supvr.**  
Printed Name  
**11-11-92** (505) 748-1471  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **NOV 25 1992**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104  
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.  
2) All sections of this form must be filled out for allowable on new and recompleted wells.  
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.  
4) Separate Form C-104 must be filed for each pool in multiply completed wells.