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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

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB 18 1993

U. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-27087
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Well producing thru LACT unit located at John AGU #1, located NE/NW, Sec. 14-20S-24E	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name John AGU	Well No. 7	Pool Name, including Formation South Dagger Draw U/Penn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>20S</u> Range <u>24E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Intercompany Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14	Twp. 20	Rge. 24	Is gas actually connected? Yes	When? 2-10-93

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1-14-93	Date Compl. Ready to Prod. 2-12-93		Total Depth 8075'			P.B.T.D. 8000'		
Elevations (DF, RKB, RT, GR, etc.) 3635' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7676'			Tubing Depth 7612'		
Perforations 7676-7756'						Depth Casing Shoe 8075'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
26"	20"		40'			Redi-Mix		
14-3/4"	9-5/8"		1073'			1000 sx - circulated		
8-3/4"	7"		8075'			1575 sx - circulated		
	2-7/8"		7612'					

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 2-10-93	Date of Test 2-12-93	Producing Method (Flow, pump, gas lift, etc.) Pumping		Part ID-2 3-5-93 camp & AH
Length of Test 24 hrs	Tubing Pressure 220	Casing Pressure 180	Choke Size Open	
Actual Prod. During Test 625	Oil - Bbls. 196	Water - Bbls. 429	Gas - MCF 719	

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.

Signature
Juanita Goodlett - Production Supvr.
Printed Name
2-15-93
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 24 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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