

Submit 5 Copies
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

NOV - 1 1993

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

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GT
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-24769
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name South Avalon YI Com	Well No. 1	Pool Name, Including Formation Undes. Strawn	Kind of Lease State, Federal, or Fee	Lease No.
Location				
Unit Letter K	: 1980	Feet From The South	Line and 2100	Feet From The West
Section 23	Township 21S	Range 26E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil Navajo Refining Company	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas Gas Company of New Mexico	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 26400, Albuquerque, NM 87125		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23	Twp. 21S	Rge. 26E
Is gas actually connected? Yes		When ? Reconnected 10-21-93		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		X				X		X	
Date Spudded RECOMPLETION 8-24-93	Date Compl. Ready to Prod. 10-21-93		Total Depth 11432'		P.B.T.D. 10340'				
Elevations (DF, RKB, RT, GR, etc.) 3140' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 9943'		Tubing Depth 9859'				
Perforations 9943-9953'					Depth Casing Shoe 11432'				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
26"	20"		36'		Redi-Mix				
17 1/2"	13-3/8"		520'		550 sx (in place)				
12 1/4"	9-5/8"		2221'		1050 sx (in place)				
7-7/8"	5-1/2"		11432'		950 sx (in place)				

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 9859' /			
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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Post FD-2 1-7-94	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			PKR H&O comp Str
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL			
Actual Prod. Test - MCF/D 92	Length of Test 12 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 50 psi	Casing Pressure (Shut-in) PKR	Choke Size 1/4"

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 Supervisor	
Printed Name 10-29-93	Title 505/748-1471
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved NOV 22 1993	
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.