STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED
JAN 12 '89
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: YATES PETROLEUM CORPORATION ✓

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
- New Well [XX]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain): APPROVED ORDER R-8624, Case #9330.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Eland AFC Federal Com	1	East Burton Flat Strawn	Federal	NM-55125

Location: 330' FSL (Surface Location) 1650' FWL
Unit Letter N : 675' Feet From The North Line and 556' (Prod. FM) Feet From The West
Line of Section 12 13 Township 20S Range 29E (Surface) 29E (Producing) NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Navajo Refining Co.
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 [ ] or Dry Gas [X]: Yates Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent): 105 So. 4th St., Artesia, NM 88210

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	12	20S	29E	YES	1-10-89

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

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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-29-88	12-10-88	MD 11297'; TVD 11067'	11219'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3321.1' GR	Strawn	11065'	10800'

Perforations	Depth Casing Shoe
11065-11078'	11297'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	39'	Redi-Mix
17½"	13-3/8"	333'	550 sx
12¼"	9-5/8"	3258'	1750 sx
7-7/8"	5-1/2" 2-7/8"	11297' 10800'	350 sx

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4250	4 hrs	–	–
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1260 psi	PKR	3/8"

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)

Production Supervisor
(Title)

1-11-89
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 1 6 1989, 19

BY Original Signed By
Mike Williams

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply