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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-015-26354
Address 105 South 4th St., Artesia, New Mexico 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" 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"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gazelle AHG Federal Com	Well No. 1	Pool Name, Including Formation East Burton Flat Strawn	Kind of Lease State, Federal or Fee	Lease No. NM 81929
Location Surface: E 2250 North 1160 West Unit Letter Prod. <b>AI</b> : 1883 Feet From The South Line and 2171 Feet From The East Line Zone Section 15 Township 20S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Yates Petroleum Corporation	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 E	Sec. 15	Twp. 20S	Rge. 29E	Is gas actually connected? YES	When? 8-9-90

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					
Date Spudded 4-30-90	Date Compl. Ready to Prod. 8-12-90	Total Depth 12520'		P.B.T.D. 11090'				
Elevations (DF, RKB, RT, GR, etc.) 3296' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11031'		Tubing Depth 10942'				
Perforations 11031-11054'			Depth Casing Shoe 12520'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
36"	20"	40'		Redi-Mix				
26"	20"	446'		925 sx				
17 1/2"	13-3/8"	1351'		1050 sx				
12 1/2"	9-5/8"	3132'		1150 sx				
8-3/4"	5 1/2"	12520'		2740 sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE / 2-7/8"

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.)		10942'	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post FD-2 8-31-90 comp & Bld	
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 1304	Length of Test 24 hrs	Bbls. Condensate/MMCF 240	Gravity of Condensate 50.9°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1174 psi	Casing Pressure (Shut-in) PKR	Choke Size 15/64"

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  
8-15-90  
Date  
505/748-1471  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 24 1990**

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.