

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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. 30-015-26441
Address 105 South 4th St., Artesia, NM 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	Well No. 2	Pool Name, Including Formation East Burton Flat Strawn	Kind of Lease State, Federal or Fed	Lease No. NM 81929
Location Producing -B Unk Letter Surface-P 22 Section 16	653' 1000 20S Township 20S	North Feet From The South 29E Range 29E	2283' Line and 5 NMPM,	East Feet From The East 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 Yates Petroleum Corporation	or Dry Gas <input checked="" 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 P	Sec. 16	Twp. 20S	Rge. 29E	Is gas actually connected? Yes	When? 12-15-90

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 8-27-90	Date Compl. Ready to Prod. 12-15-90		Total Depth MD-13100', TVD-12097'			P.B.T.D. 11555'		
Elevations (DF, RKB, RT, GR, etc.) 3284' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11455'			Tubing Depth 11365'		
Perforations 11455-11496'						Depth Casing Shoe 13100'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
26"	20"		437'			1201 SX Post ID-2		
17 1/2"	13-3/8"		1363'			1040 SX 2-1-91		
12 1/2"	9-5/8"		3006'			1425 SX comp + BK		
8-3/4"	5 1/2"		13100'			2265 SX		

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" @ 11365' /

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.)	
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 93	Length of Test 24 hrs	Bbls. Condensate/MMCF 31	Gravity of Condensate 51.6°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 375	Casing Pressure (Shut-in) Pkr	Choke Size 22/64"

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.

Juanita Goodlett

Signature
Juanita Goodlett - Production Supvr.

Printed Name
1-3-91 (505) 748-1471

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1991

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.