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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

MAR 20 1991

O. C. D.
ARTESIA OFFICE

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. 30-015-26586
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FILED AFTER 6/1/91 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED Ex # 2-839 until 8/1/91
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lost Tank AIS State	Well No. 3	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee/ State, Federal or Fee/	Lease No. V-1673
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 36 Township 21S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN	Address (Give address to which approved copy of this form is to be sent) PO Box 1186, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 21	Rge. 31	Is gas actually connected? No	When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-29-90	Date Compl. Ready to Prod. 3-20-91		Total Depth 8620'		P.B.T.D. 8255'			
Elevations (DF, RKB, RT, GR, etc.) 3564' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6783'		Tubing Depth 7111'			
Perforations 6783-7084'					Depth Casing Shoe 8620'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		852'		1000 sx			
12 1/4"	8-5/8"		4430'		2000 sx			
7-7/8"	5 1/2"		8620'		1275 sx			
	2-7/8"		7111'					

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 3-3-91	Date of Test 3-20-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size Open
Actual Prod. During Test 281	Oil - Bbls. 173	Water - Bbls. 108	Gas - MCF 75

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
3-21-91
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 20 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
Title

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.