

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

RECEIVED

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

OIL CONSERVATION DIVISION

MAR 31 1992

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

O. C. D.
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26934
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"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 6/14/92
Change in Operator <input type="checkbox"/>	UNLESS AN EXCEPTION FROM
If change of operator give name and address of previous operator	
THE B. L. M. IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Julia AJL Federal	Well No. 4	Pool Name, including Formation Cabin Lake Delaware	Kind of Lease State, Federal or Fed /	Lease No. NM 67712
Location				
Unit Letter G	2180	Feet From The North	Line and 1980	Feet From The East
Section 34	Township 21S	Range 30E	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"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188	
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 G	Sec. 34
	Twp. 21S	Rge. 30E
	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 1-31-92	Date Compl. Ready to Prod. 3-22-92		Total Depth 7455'		P.B.T.D. 7410'			
Elevations (DF, RKB, RT, GR, etc.) 3197' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7114'		Tubing Depth 7100'			
Perforations 7114-7304'					Depth Casing Shoe 7455'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
17 1/2"	13-3/8"		337'		740 sx			
11"	8-5/8"		3425'		1400 sx			
7-7/8"	5 1/2"		7455'		1175 sx			

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 2-29-92	Date of Test 3-22-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 35	Choke Size Open
Actual Prod. During Test 92	Oil - Bbls. 12	Water - Bbls. 80	Gas- MCF 30 (est)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
3-30-92 (505) 748-1471

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
APR 10 1992

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.