

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

OIL CONSERVATION DIVISION

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

AUG 14 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-27038
Address 105 SOUTH 4th STREET, 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 Kaleidoscope AKO Federal	Well No. 1	Pool Name, including Formation Under Delaware	Kind of Lease /State, Federal pr/Reg	Lease No. NM 53232
Location				
Unit Letter <u>H</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>33</u> Township <u>21S</u> Range <u>30E</u> , NMPM, Eddy <u>015</u> County				

III. TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil Enron Oil Trading & Transportation Corp.	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 Enron Energy Corp.	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 H	Sec. 33	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 6-30-92	Date Compl. Ready to Prod. 8-11-92		Total Depth 7340'		P.B.T.D. 7295'			
Elevations (DF, RKB, RT, GR, etc.) 3137' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7209'		Tubing Depth 7000'			
Perforations 7209-7224'					Depth Casing Shoe 7340'			

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"	214'	570 sx
11"	8-5/8"	3357'	1400 sx
7-7/8"	5 1/2"	7340'	775 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 7000' /

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 7-19-92	Date of Test 8-11-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 19	Casing Pressure 19	Choke Size Open
Actual Prod. During Test 77	Oil - Bbls. 13	Water - Bbls. 64	Gas- MCF Used for 15 (lease fuel)

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
8-12-92

Date
(505) 748-1471

Telephone No.

OIL CONSERVATION DIVISION

Date Approved
AUG 21 1992

By
ORIGINAL SIGNED BY
MIKE WILLIAMS

Title
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation logs taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.