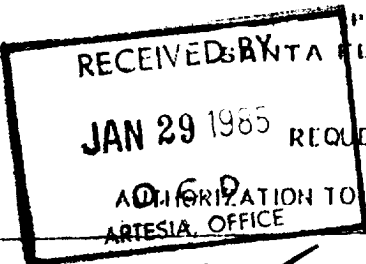


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2000
ARTESIA, NEW MEXICO 87501



TYPE OF WELL	
DISTRIBUTION	
SALES	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTATION	
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/> REENTRY	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-1-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
North White City ABP Fed.	1	Wildcat Delaware	State, Federal or Fee Federal	NM 23759
Location				
Unit Letter	C	960 Feet From The	North Line and	1980 Feet From The
			West	
Line of Section	31	Township	23S	Range
			26E	NMPL
			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)					
Navajo Refining Co.	PO Box 159, Artesia, NM 88210					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	31	23s	26e	NO	

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't.	Drill. H.
Re-Entry	X							
Date Spudded	1-11-85	Date Compl. Ready to Prod.	1-25-85	Total Depth	8740'	P.B.T.D.	4595'	
Elevations (DF, RAB, RT, GR, etc.)	3766' GR	Name of Producing Formation	Delaware	Top Oil/Gas Pay	4516'	Tubing Depth	4464'	
Perforations	4516-22'					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
30"	20"	43'	in place
15"	11-3/4"	1385'	in place
11"	8-5/8"	5451'	in place
7-7/8"	5-1/2"	8739' (pulled 4998')	750 sx
	2-7/8"	4464'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	1-25-85	Date of Test	1-25-85	Producing Method (Flow, pump, gas lift, etc.)	Flowing (Will set pump in approx. 2 weeks)
Length of Test	24 hrs	Tubing Pressure	-	Casing Pressure	-
Actual Prod. During Test	26	Oil - Bbls.	24	Water - Bbls.	2
				Choke Size	-
				Gas - MCF	10

GOR 416

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. 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.

Luanta Doodlett
(Signature)

Production Supervisor

1-25-85

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 31 1984

Original Signed By
Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1.01.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.