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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
En , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

JAN -2 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator Yates Energy Corporation /	Well API No. 30-015-26072
Address P. O. Box 2323, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Lonesome Dove Federal	Well No. 1	Pool Name, Including Formation Und. East Hess Morrow	Kind of Lease State, (Federal) or Fee	Lease No. NM-69333
Location Unit Letter N : 660' Feet From The South Line and 1810' Feet From The West Line Section 26 Township 23-S Range 23-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil n/a	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? no yes	When ? actual 12-23-89 Approx. 12-22-89

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 5-1-89	Date Compl. Ready to Prod. 7-5-89		Total Depth 10,600'		P.B.T.D. 10,532'			
Elevations (DF, RKB, RT, GR, etc.) 4300.8 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,173'		Tubing Depth 10,116'			
Perforations 10,137' - 10,173'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	367'	400 sx. Premium Plus
12 1/4"	8 5/8"	2,553'	900 sx. HLW & 250 sx. Premium Plus
7 7/8"	4 1/2"	10,593'	1200 sx. Class "H"

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	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 263 MCF	Length of Test 1.5 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (puot, back pr.) flowing	Tubing Pressure (Shut-in) 1950 psig - flowing	Casing Pressure (Shut-in) pkc.	Choke Size 24/64

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.

Signature Sharon R. Hamilton
Printed Name Sharon R. Hamilton Title Landman
Date 12-20-89 Telephone No. 505/623-4935

OIL CONSERVATION DIVISION

Date Approved JAN 10 1990

By ORIGINAL SIGNED BY

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.