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

APR 2 9 1991

**O. C. D.
ARTESIA, OFFICE**

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
YATES PETROLEUM CORPORATION ✓	30-015-26650

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

Reason(s) for Filing *(Check proper box)*

New Well ☒
Recompletion ☐
Change in Operator ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)* ☐
CASINGHEAD GAS MUST NOT BE
FLARED AFTER .....6/10/91.........
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Martha AIK Federal	2	Livingston Ridge Delaware	Federal	NM 65417

Location

Unit Letter __I__ : __1980__ Feet From The __South__ Line and __330__ Feet From The __East__ Line

Section __11__ Township __22S__ Range __31E__ , NMPM, __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Pride Pipeline Co.	PO Box 2436, Abilene, TX 79604

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 ?
	P	11	22	31	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'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-19-91	4-17-91	8450'	8387' *Perf ID-2*

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3580' GR	Delaware	6968'	6900' *5-10-91 cmpt BK*

Perforations	Depth Casing Shoe
6968-7055'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
17½"	13-3/8"	854'	700 sx
11"	8-5/8"	4505'	1600 sx
7-7/8"	5½"	8450'	790 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE / 2-7/8" @ 6900' /

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.)*	
4-13-91	4-17-91	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	50	60	Open

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
465	380	85	357

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: Juanita Goodlett   Title: Production Supvr.

Date: 4-25-91   Telephone No. (505) 748-1471

OIL CONSERVATION DIVISION

Date Approved __MAY 1 0 1991__

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.