

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 APR 29 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-26876
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 Graham AKB State	Well No. 2	Pool Name, Including Formation Lost Tank Delaware	Kind of Lease State, Federal or Fye/ V-2705
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>22S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County			

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> <u>EOTT Energy Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1188, Houston, TX 77151-1188</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> <u>Yates Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>105 South 4th St., Artesia, NM 88210</u>
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>2</u> Twp. <u>22s</u> Rge. <u>31e</u> Is gas actually connected? <u>Yes</u> When? <u>4-20-92</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-24-92	Date Compl. Ready to Prod. 4-26-92	Total Depth 8400'	P.B.T.D. 8350'					
Elevations (DF, RKB, RT, GR, etc.) 3550' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6751'	Tubing Depth 7000'					
Perforations 6751-8259'			Depth Casing Shoe 8400'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	RediMix
17 1/2"	13-3/8"	855'	850 sx
11"	8-5/8"	4206'	1750 sx
7-7/8"	5 1/2"	8400'	1525 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 4-20-92	Date of Test 4-26-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 75	Casing Pressure 75	Choke Size 2"
Actual Prod. During Test 470	Oil - Bbls. 187	Water - Bbls. 283	Gas- MCF 130

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  
Printed Name JUANITA GOODLETT - PRODUCTION SURV. OIL  
Date 4-28-92  
Title (505) 748-1471  
Telephone No

OIL CONSERVATION DIVISION

Date Approved MAY 2 1992

By ORIGINAL SIGNED BY  
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 tests 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.