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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

RECEIVED

APR 17 1992

O. C. D.
ARTESIA OFFICE

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. 30-015-26960
Address 105 South 4th St., 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 Martha AIK Federal	Well No. 6	Pool Name, including Formation Livingston Ridge Delaware	Kind of Lease /State, Federal or Fed	Lease No. NM 65417
Location				
Unit Letter A	660	Feet From The North	Line and 330	Feet From The East
Section 11	Township 22S	Range 31E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2436, Abilene, TX 79604		
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 22	Rge. 31
Is gas actually connected? YES		When? 4-7-92		

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 3-9-92	Date Compl. Ready to Prod. 4-15-92		Total Depth 8410'		P.B.T.D. 8340'			
Elevations (DF, RKB, RT, GR, etc.) 3594' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6522'		Tubing Depth 7600'			
Perforations 6522-8278'					Depth Casing Shoe 8410'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		RediMix			
17 1/2"	13-3/8"		875'		800 sx			
11"	8-5/8"		4300'		1600 sx			
7-7/8"	5-1/2"		8410'		1400 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE **12-7/8" @ 7600' /**

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.)

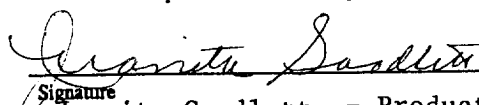
Date First New Oil Run To Tank 4-7-92	Date of Test 4-15-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 85	Casing Pressure 85	Choke Size 2"
Actual Prod. During Test 614	Oil - Bbls. 165	Water - Bbls. 449	Gas - MCF 101

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
4-16-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 23 1992**

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.