

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

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
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DEC 31 1992

O. C. D.  
ARTESIA

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-27016
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 Pauline ALB State	Well No. 1	Pool Name, Including Formation <del>Wildcat Delaware</del>	Kind of Lease State, Federal or Fee	Lease No. V-3589
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips "66" Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32	Twp. 23	Rge. 31	Is gas actually connected? Yes	When? 12-22-92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-30-92	Date Compl. Ready to Prod. 12-27-92		Total Depth 8160'		P.B.T.D. 8112'			
Elevations (DF, RKB, RT, GR, etc.) 3370' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6467'		Tubing Depth 7016'			
Perforations 6467-7965'					Depth Casing Shoe 8160'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20'		40'		Redi-Mix			
17 1/2"	13-3/8"		506'		250 sx - circulated			
11"	8-5/8"		4040'		1775 sx - circulated			
7-7/8"	5-1/2"		8160'		1115 sx - circulated			

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" @ 7016' /

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 12-22-92	Date of Test 12-27-92	Producing Method (Flow, pump, gas lift, etc.) Pumping		Choke Size 2"
Length of Test 24 hrs	Tubing Pressure 70	Casing Pressure 70		
Actual Prod. During Test 435	Oil - Bbls. 319	Water - Bbls. 116	Gas - MCF 450	

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.

Juanita Goodlett  
Signature  
Juanita Goodlett - Production Supvr.  
Printed Name  
12-30-92  
Date  
(505) 748-1471  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 18 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR DISTRICT I

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.