

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

RECEIVED

FEB 19 1993

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
DISTRICT I

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-27241
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 Adeline ALN Federal	Well No. 2	Pool Name, Including Formation South Sand Dunes Delaware	Kind of Lease State, Federal or Fee/ Fee	Lease No. NM 82904
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>760</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>24S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Engery Corporation	or Condensate EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation	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 F	Sec. 6
	Twp. 24	Rge. 31
	Is gas actually connected? Yes	When? 2-5-93

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 1-13-93	Date Compl. Ready to Prod. 2-12-93	Total Depth 8090'	P.B.T.D. 8046'					
Elevations (DF, RKB, RT, GR, etc.) 3404' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7776'	Tubing Depth 7800'					
Perforations 7776-7931'	Depth Casing Shoe 8090'							
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"	522'	475 sx - circulated					
11"	8-5/8"	4038'	177 sx - circulated					
7-7/8"	5-1/2"	8090'	990 sx - circulated*					

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" 7800' / \*DV tool @ 6683'

Date First New Oil Run To Tank 2-5-93	Date of Test 2-12-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	Post TD-2 3-5-93 comp x BK	
Length of Test 24 hrs	Tubing Pressure 100	Casing Pressure 100	Choke Size 2"	
Actual Prod. During Test 428	Oil - Bbls. 143	Water - Bbls. 285	Gas - MCF 120	

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  
2-15-93  
Date  
Telephone No.  
(505) 748-1471

OIL CONSERVATION DIVISION

Date Approved FEB 24 1993

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.