

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

State of New Mexico
Energy, Minerals and Natural Resources Dept.

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION 24 1994 TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-015-27281
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. 17	Pool Name, Including Formation South Sand Dunes Delaware	Kind of Lease State, Federal or Fed	Lease No. NM 82904
Location Unit Letter M : 660 Feet From The South Line and 990 Feet From The West Line Section 5 Township 24S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corporation	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	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. 24S Rge. 31E	Is gas actually connected? Yes	When? 1-1-94

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 12-10-93	Date Compl. Ready to Prod. 1-2-94	Total Depth 8162'	P.B.T.D. 8114'					
Elevations (DF, RKB, RT, GR, etc.) 3465' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7901'	Tubing Depth 8000'					
Perforations 7901-8054'	Depth Casing Shoe 8162'							
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"	545'	525 sx - circulated					
11"	8-5/8"	4075'	1600 sx - circulated					
7-7/8"	5-1/2"	8162'	925 sx					

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" @ 8000'/

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 1-1-94	Date of Test 1-2-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 80	Casing Pressure 80	Choke Size 2" Part ID-2
Actual Prod. During Test 838	Oil - Bbls. 264	Water - Bbls. 574	Gas - MCF 342 2-11-94 comp & BK

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 Supervisor
Printed Name
1-20-94
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1994

By SUPERVISOR, DISTRICT II

Title

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.