

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-31889 ✓
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 _____ **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R9937 8/1/93**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kiwi AKX State	Well No. 8	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal or Fed	Lease No. VB-134
Location Unit Letter F : 1980 Feet From The North Line and 2310 Feet From The West Line Section 16 Township 22S Range 32E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corporation	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate <input 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 16	Sec. 22
	Twp. 22	Rge. 32
	Is gas actually connected? Yes	When? 3-7-93

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 2-8-93	Date Compl. Ready to Prod. 4-2-93	Total Depth 8840'	P.B.T.D. 8794'					
Elevations (DF, RKB, RT, GR, etc.) 3746' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7183'	Tubing Depth 7150'					
Perforations 7183-7185'	Depth Casing Shoe 8840'							

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"	850'	800 sx - circulated
11"	8-5/8"	4590'	1800 sx - circulated
7-7/8"	5 1/2"	8840'	1355 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" @ 7150'

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 3-7-93	Date of Test 4-2-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60	Choke Size 2"
Actual Prod. During Test 439'	Oil - Bbls. 88	Water - Bbls. 351	Gas - MCF 40

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
4-7-93 Title
(505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION
APR 12 1993
Date Approved _____
By **ORIGINAL SIGNED BY JERRY SEXTON**
DIRECTOR SUPERVISOR
Title _____

- 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.