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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

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**

Operator YATES PETROLEUM CORPORATION		Well API No. 30-015-27314
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) 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 Amole AMM State Com	Well No. 1	Pool Name, Including Formation North Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee	Lease No. LG-864
Location Unit Letter M : 760 Feet From The South Line and 660 Feet From The West Line Section 16 Township 19S Range 25E , NMPM , Eddy 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"/> Amoco Pipeline Intercompany Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave. - Levelland, TX 79336	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 South Fourth St. - Artesia, NM 88210	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 16
	Twp. 19S	Rge. 25E
	Is gas actually connected? yes	When? 7-3-93

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 RH 5-25-93 RT 5-27-93	Date Compl. Ready to Prod. 7-3-93		Total Depth 8365		P.B.T.D. 8310			
Elevations (DF, RKB, RT, GR, etc.) 3500' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7692		Tubing Depth 7808			
Perforations 7692-7804'					Depth Casing Shoe 8365			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 26"	CASING & TUBING SIZE 20"	DEPTH SET 40'	SACKS CEMENT Cement to surface
14-3/4"	9-5/8"	1075'	1300 sx - circulate
8-3/4"	7"	8365'	1550 sx - circulate
	2-7/8"	7808'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 7-3-93	Date of Test 7-14-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 140	Choke Size open
Actual Prod. During Test 940	Oil - Bbls. 226	Water - Bbls. 714	Gas - MCF 572

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 **Rusty Klein**
Printed Name **Rusty Klein** Title **Production Clerk**
Date **July 20, 1993** Telephone No. **(505) 748-1471**

OIL CONSERVATION DIVISION

Date Approved **JUL 26 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.