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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

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

FEB 18 1994

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

I.

Operator YATES PETROLEUM CORPORATION <u>25575</u>		Well API No. 30-015-27759
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 _____		
Other (Please explain) Battery location at Sara AHA #2, located Unit H, Sec. 15-T20S-R24E.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sara AHA <u>12721</u>	Well No. 9	Pool Name, Including Formation South Dagger Draw U/Penn <u>19475</u>	Kind of Lease (State, Federal or Fee) <u>State</u>	Lease No.
Location Unit Letter <u>J</u> : 1980 Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Co. <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 Avenue, Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas Yates Petroleum Corporation <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 S. 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 15	Twp. 20S	Rge. 24E	Is gas actually connected? YES	When? 1-24-94

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 11-29-93	Date Compl. Ready to Prod. 1-24-94		Total Depth 7900'		P.B.T.D. 7804'			
Elevations (DF, RKB, RT, GR, etc.) 3657' GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 7708'		Tubing Depth 7498'			
Perforations 7708-7716'					Depth Casing Shoe 7856'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
14-3/4"	9-5/8"	1112'	825 sx - circulated
8-3/4"	7"	7856'	1525 sx.
	2-7/8"	7498'	

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 1-24-94	Date of Test 2-15-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 240	Casing Pressure 420	Choke Size Open
Actual Prod. During Test 1264	Oil - Bbls. 215	Water - Bbls. 1049	Gas- MCF 3000

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Supervisor
Printed Name
2-16-94
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994

By _____
SUPERVISOR, DISTRICT II

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.