

Submit 5 Copies
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

OIL CONSERVATION DIVISION

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

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION ✓	Well API No. 30-005-62704
Address 105 SOUTH 4th STREET, 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 Filaree AEL Federal	Well No. 2	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or F&F	Lease No. NM 29623
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>8S</u> Range <u>26E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refg. Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 So. 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 8	Rge. 26	Is gas actually connected? YES	When? 9-14-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 6-23-89	Date Compl. Ready to Prod. 7-19-89		Total Depth 5050'		P.B.T.D. 5000'			
Elevations (DF, RKB, RT, GR, etc.) 3840.2' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 4893'		Tubing Depth 4857'			
Perforations 4893-4904'					Depth Casing Shoe 5050'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
12 1/2"	8-5/8"	1100'	650 sx
7-7/8"	4 1/2"	5050'	650 sx
	2-3/8"	4857'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 450 mcfpd	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) PKR	Choke Size 19/64"

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
9-14-89 (505) 748-1471
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 27 1989

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.

OIL CONSERVATION DIVISION

RECEIVED

SEP 25 '89

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

Aztec
O. C. 000 Rio Brazos
ARTESIA, NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection X First Delivery 9-14-89 450 mcfpd
Date Initial Potential

Reconnection First Delivery
Date Initial Potential

Disconnection

for delivery of gas from the YATES PETROLEUM CORPORATION
Operator

Filaree AEL Federal
Lease

 2 K 33 8S 26E
Meter Code Site Code Well No. Unit Letter S-T-R

Pecos Slope Abo
Pool

was made on date

AOF

Choke

YATES PETROLEUM CORPORATION
Transporter

OCD use only

County ChavesLand Type Fed.Liq. Transporter NRC

Juanita Goodlett, Production Supervisor
Representative Name/Title
(Please type or print)

Juanita Goodlett
Representative Signature

Submit in duplicate to the appropriate district office.