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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

OIL CONSERVATION DIVISION

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

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

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AUG 20 1993

A.C.D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-005-62973
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) CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/20/93 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quincy AMQ State	Well No. 2	Pool Name, Including Formation South East Acme San Andres	Kind of Lease (State) Federal or Fee	Lease No. V-2982
Location Unit Letter D : 990 Feet From The North Line and 330 Feet From The West Line Section 12 Township 8S Range 27E , NMPM , Chaves 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"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648 - Houston, TX 77210-4648					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 12	Twp. 8S	Rge. 27E	Is gas actually connected? no	When ?

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded RH 8-2-93 RT 8-3-93	Date Compl. Ready to Prod. 8-14-93		Total Depth 2203'		P.B.T.D. 2200'			
Elevations (DF, RKB, RT, GR, etc.) 3981' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2172'		Tubing Depth 2122'			
Perforations 2172-2189'					Depth Casing Shoe 2203'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		10'		Cement to surface			
12-1/4"	8-5/8"		450'		250 sx - circulate			
7-7/8"	5-1/2"		2203'		250 sx			
	2-7/8"		2122'					

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 8-14-93	Date of Test 8-16-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 455	Casing Pressure	Choke Size 13/64"
Actual Prod. During Test 84	Oil - Bbls. 84	Water - Bbls. 0	Gas- MCF 264

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.

Rusty Klein

Signature **Rusty Klein** Production Clerk

Printed Name **August 20, 1993** Title **(505) 748-1471**

Date **August 20, 1993** Telephone No. **(505) 748-1471**

OIL CONSERVATION DIVISION

Date Approved **AUG 31 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.