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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

OIL CONSERVATION DIVISION

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

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

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. 30-025-29500
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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 Cancel Eight mile Draw Perms Perm	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Internorth ADG State	Well No. 1	Pool Name, Including Formation Wildcat Abo	Kind of Lease State, Federal or Fed/	Lease No. LG 4770
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 25 Township 11S Range 34E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corporation	or Condensate <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 Warren Petroleum Co.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1689, Lovington, NM 88260				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25	Twp. 11	Rge. 34	Is gas actually connected? Yes	When ? Re-connected 3-15-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded RECOMPLETION 3-7-93	Date Compl. Ready to Prod. 3-24-93		Total Depth 10492'		P.B.T.D. 10045'			
Elevations (DF, RKB, RT, GR, etc.) 4142.3' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 9117'		Tubing Depth 9134'			
Perforations 9117-9165'					Depth Casing Shoe 10451'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		407'		400 sx - circ(in place)			
11"	8-5/8"		4261'		1650 sx - circ(in place)			
7-7/8"	5 1/2"		10451'		850 sx (in place)			
	2-7/8"		9134'					

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 3-15-93	Date of Test 3-24-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 35	Casing Pressure 35	Choke Size Open
Actual Prod. During Test 36	Oil - Bbls. 6	Water - Bbls. 30	Gas- MCF 7

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
3-30-93
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 02 1993**

By **ORIGINAL SIGNATURE OF DIVISION MANAGER**

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.