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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. 30-025-31943
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/24/93		
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL UNLESS AN EXCEPTION TO R-4670 IS OBTAINED. DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Simanola AMX State	Well No. 1	Pool Name, including Formation R-10091 Southeast Lane Abo 4/1/94	Kind of Lease State, Federal or Fee State	Lease No. V-2322
Location Unit Letter K : 2310 Feet From The South Line and 1830' Feet From The West Line Section 15 Township 10S Range 34E , NMPM , Lea 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"/> Sun Company, Inc. (R & M)	Address (Give address to which approved copy of this form is to be sent) 2415 E. Highway 80 - Midland, TX 79706	
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 K	Sec. 15
	Twp. 10S	Rge. 34E
	Is gas actually connected? no gas	
	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 7-3-93	Date Compl. Ready to Prod. 8-7-93		Total Depth 9120'		P.B.T.D. 9055'			
Elevations (DF, RKB, RT, GR, etc.) 4197' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 9032'		Tubing Depth 9070'			
Perforations 9032-9043'					Depth Casing Shoe 9120'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		402'		400 sx - circulate			
11"	8-5/8"		4148'		1300 sx - circulate			
7-7/8"	5-1/2"		9120'		1450 sx			

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.)

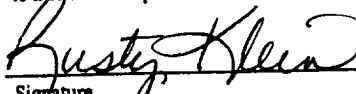
Date First New Oil Run To Tank 8-7-93	Date of Test 8-8-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 20	Choke Size
Actual Prod. During Test 86	Oil - Bbls. 50	Water - Bbls. 36	Gas - MCF 0

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 Production Clerk
Printed Name
September 22, 1993 (505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 24 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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.

SAD

RECEIVED

SEP 23 1993

**JOHN HUBBS
OFFICE**