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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Yates Petroleum Corporation	
Address 207 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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Flatsedge ZR Federal	Well No. 1	Pool Name, including Formation Und. Bluit San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 36490
Location				
Unit Letter C ; 766 Feet From The North Line and 1874 Feet From The West				
Line of Section 21 Township 8S Range 38E, NMPM, Roosevelt County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589; Tulsa, Ok 74102					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 21	Twp. 8s	Rge. 38e	Is gas actually connected? Yes	When 8-28-84


If this production is commingled with that from any other lease or pool, give commingling order number:

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. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded 5-29-84	Date Compl. Ready to Prod. 8-28-84	Total Depth 4960'	P.B.T.D. 4944'
Elevations (OF, RKB, RT, GR, etc.) 3977.2' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4643'	Tubing Depth 4692'
Perforations 4643-4806'		Depth Casing Shoe 4960'	

TUBING, CASING, AND CEMENTING RECORD			
HOSE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	2306'	700
7-7/8"	5-1/2"	4960'	240
	2-3/8"	4692'	

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 Tanks 8-28-84	Date of Test 8-20-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 110	Casing Pressure Packer	Choke Size 4/64
Actual Prod. During Test	Oil-Bbls. 2	Water-Bbls. 2	Gas-MCF 220

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED _____, 19__
 (Signature)	BY _____
Production Supervisor	TITLE _____
(Title)	This form is to be filed in compliance with RULE 1104.
8-29-84	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.
(Date)	All sections of this form must be filled out completely for all wells on new and recompleted wells.
	Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such changes of data.

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