WELL NAME: CONE STATE #1 FIELD AREA: [illegible] TOM

LOCATION: H 1980'FNL & 660'FEL SEC 2 T8S R31E

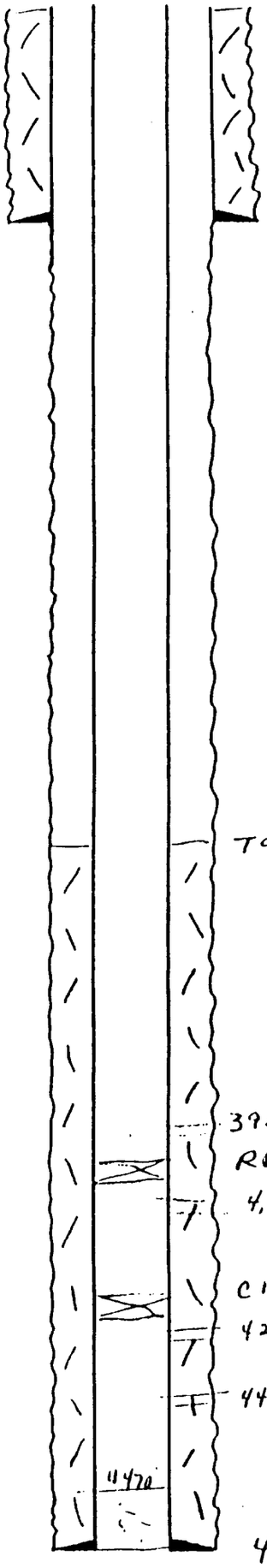
GL: 4355' ZERO: 11' AGL: _____'

KB: 4366' ORIG. DRLG./COMPL. DATE: _____

COMMENTS: FORMERLY OPERATED BY AMOCO E&P

CASING PROGRAM:

SIZE/WT./GR./CONN.	DEPTH SET
8 5/8" 24#	1565'
4 1/2" 11.6#	4500'



BEFORE

- SKETCH NOT TO SCALE -

REVISED: _____

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
YATES PETROLEUM CORPORATION	30-005-20543

Address: 105 South 4th St., Artesia, NM 88210

Reason(s) for Filing *(Check proper box)*

		Change in Transporter of:			
New Well	☐				
Recompletion	☐	Oil	☒	Dry Gas	☐
Change in Operator	☐	Casinghead Gas	☐	Condensate	☐

☐ Other *(Please explain)* EFFECTIVE NOVEMBER 1, 1993

If change of operator give name and address of previous operator ____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Cone State	1	Tom-Tom-SA	State	LG 1520

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line
Section 2 Township 8S Range 31E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Scurlock-Permian Corporation	~~PO Box 4648, Houston, TX 77210-4648~~
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	L	1	8s	31e	NO	

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

IV. COMPLETION DATA

	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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 Supervisor
Printed Name Title
10-25-93 505/748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 27 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.