

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-------------|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Yates Energy Corporation

Address

Sunwest Centre, Suite 919, Roswell, NM 88201

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry 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 Graves | Well No. 6 | Pool Name, including Formation Cato-San Andres | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 6 Township 8S Range 31E, NMDM, Chaves 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 Refining Company | Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Citrus Secura</i> | 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 J | Sec. 6 |
| | Twp. 8S | Rge. 31E |
| | Is gas actually connected? When | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 |
| | | | |
| | | | |
| | | | |

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 | 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 (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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]
(Signature)
Engineer
(Title)
2/22/85
(Date)

OIL CONSERVATION DIVISION

FEB 27 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY BEXTON

DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filled for each pool in multiple completed wells.

RECEIVED

FEB 26 1985

G.C.P.
HOSPITAL OFFICE