

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

| | |
|------------------|-------------|
| NAME OF OPERATOR | |
| LOCATION | |
| SANTA FE | |
| FILE | |
| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PERMITS OFFICE | |

Operator
YATES PETROLEUM CORPORATIONAddress
207 South 4th St., Artesia, NM 88210

| | |
|--|---|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| | Effective March 1, 1985 |

If change of ownership give name
and address of previous owner

| | | | | | | |
|-------------------------------|---|----------|--------------------------------|------------------------|------------|-----------------|
| DESCRIPTION OF WELL AND LEASE | | Well No. | Pool Name, including Formation | Kind of Lease | NM 0558018 | Lease No. |
| Lease Name | | 2 | TOMAHAWK SA | State, Federal or Free | Federal | |
| UNION "SI" FEDERAL | | | | | | |
| Location | | | | | | |
| Unit Letter | C | 660 | Feet From The | North | Line and | 1980 |
| | | | | Feet From The | East | West |
| Line of Section | 1 | T. or S. | 8S | Range | 31E | N.M.P.M. Chaves |
| | | | | | | County |

| | | | | | | |
|--|------------------------|--|------|-------|----------------------------|----------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Permian (Eff. 9/1/87) | PO Box 1183, Houston, TX 77001 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Cities Service Oil Co. | Address (Give address to which approved copy of this form is to be sent) | | | | |
| | | PO Box 300, Tulsa, OK 74102 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Range | Is gas actually connected? | When |
| | C | 1 | 8S | 31E | Yes | 11-26-82 |

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

| | | | | | | | | | |
|-------------------------------------|-----------------------------|-----------------|----------|----------|-------------------|--------|-----------|-------------|--------------|
| 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, CR, 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 |
| | | | |
| | | | |
| | | | |
| | | | |

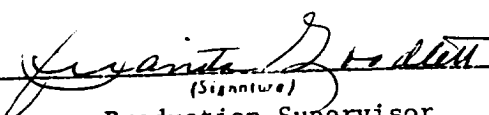
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To 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 | | Dbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-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)
Production Supervisor
(Title)
2-21-85
(Date)

OIL CONSERVATION DIVISION

FEB 25 1985

APPROVED _____, 19 _____

ORIGINAL SIGNED BY JERRY SEXTON
BY _____ DISTRICT 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 deepened well, this form must be accompanied by a tabulation of the deviation 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 owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
FEB 25 1985
O.C.B.
HOBBS OFFICE