

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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 YATES PETROLEUM CORPORATION		Well API No. 30-005-20936
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	EFFECTIVE 4-1-90. THIS WELL TEMPORARILY ABANDONED.
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name CENTER XI FEDERAL	Well No. 4	Pool Name, Including Formation TOMAHAWK-SA	Kind of Lease <i>Split, Federal or Fed</i>	Lease No. NM-18503
Location				
Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line				
Section <u>1</u> Township <u>8S</u> Range <u>31E</u> , NMMPM, Chaves 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"/>					Address (Give address to which approved copy of this form is to be sent)	
Enron Oil Trading & Transportation, Inc.					ATT: TAX DEPT., BOX 1188, HOUSTON, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
BOTT Energy Corp.						
Effective 1-1-93						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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

IV. COMPLETION DATA

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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

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.)

OIL WELL (Test must be after recovery of total volume of total oil and must be equal to or greater than maximum gas lift capacity of pump.)			
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 (<i>pilot, back pr.</i>)	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.

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Signature
Juanita Goodlett - Production Supvr.

Printed Name	Title
3-27-90	(505) 748-1471

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

APR 3 1990

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.