

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3-1-92
WITHOUT AN EXCEPTION TO R-4070
OBTAINED.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30-002-21038
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:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective date 10-24-89
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 Cancel Jobac Penn		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Enstar ACW State	Well No. 1	Pool Name, including Formation Undes. San Andres	Kind of Lease State, Federal or Fee	Lease No. E-8250
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 27 Township 8S Range 33E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Effective 1-1-93 Enron Oil Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 I	Sec. 27	Twp. 8s	Rge. 33e	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded RECOMPLETION 8-4-89	Date Compl. Ready to Prod. 11-16-89	Total Depth 9439'		P.B.T.D. 4525'				
Elevations (DF, RKB, RT, GR, etc.) 4356' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4481'		Tubing Depth			
Perforations 4481-4509'					Depth Casing Shoe 9439'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" (in place)		360'		300 sx			
11"	8-5/8" (in place)		3900'		1025 sx			
7-7/8"	5-1/2" (in place)		9439'					
	2-7/8"		4510'					

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 10-24-89	Date of Test 11-15-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 91	Oil - Bbls. 1	Water - Bbls. 90	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

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.

Signature
Juanita Goodlett - Production Supvr.
Printed Name
1-27-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

JAN 29 '92

Date Approved
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

3A Penn

RECEIVED

JAN 28 1892

HOBBS