

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 YATES PETROLEUM CORPORATION		Well API No. 30-025-27993
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> COMMINGLING ORDER DHC-851 APPROVED BY NMOCD. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> WOLFCAMP POOL: OIL - 21%, GAS - 21% PENN POOL: OIL - 79%, GAS - 79%		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Dove VK State	Well No. 1	Pool Name, including Formation Under Wolfcamp Pool	Lease No. LG 2670
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 3 Township 14S Range 33E, NMMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74101		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 3	Twp. 14
		Rge. 33	
Is gas actually connected? Yes		When ? Penn: 3-16-83 Wolfcamp connect 4-11-92	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded Workover 4-3-92	Date Compl. Ready to Prod. 4-11-92		
Elevations (DF, RKB, RT, GR, etc.) 4232' GR	Name of Producing Formation Wolfcamp		
Perforations 9322-9693'	Total Depth 10277'		
	Top Oil/Gas Pay 9322'		
	Depth Casing Shoe 10277'		
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	442'	450 (in place)
12 1/2"	8-5/8"	4194'	1570 (in place)
7-7/8"	5-1/2"	10277'	1100 (in place)

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 4-11-92	Date of Test 4-11-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size 2"
Actual Prod. During Test 8	Oil - Bbls. 1	Water - Bbls. 7	Gas - MCF 3

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	Title Production Supvr.
Printed Name 9-21-92	Telephone No. (505) 748-1471
Date	

OIL CONSERVATION DIVISION

Date Approved SEP 24 '92
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.