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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION		Well API No. 30 025 27994
Address 105 SOUTH 4th STREET, 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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> WELL COMMINGLED IN PENN & WOLFCAMP-DHC-843 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> PENN - Oil=94%; GAS=94% WOLFCAMP - Oil= 6%; GAS= 6%		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tulsk VV State	Well No. 1	Pool Name, Including Formation Tulsk Penn Wolfcamp	Kind of Lease State, Federal or Free	Lease No. LG 813
Location Unit Letter I, 1980 Feet From The South Line and 660 Feet From The East Line Section 28 Township 14S Range 32E, NMPLM, Lea 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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	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 I	Sec. 28	Twp. 14S	Rge. 32E	Is gas actually connected? Yes	When? 4-20-83

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 type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> 5-12-92 Workover	Date Compl. Ready to Prod. 5-27-92		Total Depth 10215'		P.B.T.D. 9890'			
Elevations (DF, RKB, RT, GR, etc.) 4309.8' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9312'		Tubing Depth 9841'			
Perforations 9312-9435'					Depth Casing Shoe 10215'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		450'		450 sx (in place)			
12 1/4"	8-5/8"		4208'		2550 sx (in place)			
7-7/8"	5 1/2"		10215'		1000 sx (in place)			
	2-7/8"		9841'					

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.)

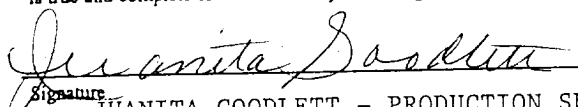
Date First New Oil Run To Tank 5-27-92	Date of Test 6-9-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size 2"
Actual Prod. During Test 25	Oil - Bbls. (10) 1 Wolfcamp 9 Penn	Water - Bbls. 15	Gas - MCF (12) 11 mcf Wolfcamp 1 mcf Penn

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
7-22-92 (505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

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.