

NAME OF OPERATOR	
REGISTRATION	
DATE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address
207 South 4th St., Artesia, NM 88210

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

If change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Swan VB State	2	Saunders Permo Upper Penn	State, Federal or Fee State	LG 3675

Location	Unit Letter	1980	Feet From The	South	Line and	1980	Feet From The	East
Line of Section	21	T. Township	14S	Range	33E	NMPM,	Lea	County

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)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	Box 1589, Tulsa, OK 74101
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 21 14s 33e	Yes 3-28-83

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-2-83	3-24-83	10155'	10101'
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4213' GR	Permo Penn	9793'	9982'
Perforations			Depth Casing Shoe
9793-9854'; 9933-9952'; 9887-9909'			10155'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	449'	400
12-1/4"	8-5/8"	4192'	2598
7-7/8"	5-1/2"	10155'	925
	2-7/8"	9982'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

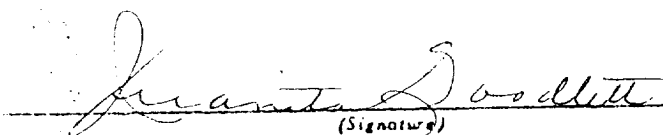
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-22-83	3-24-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20#	20#	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
625	20	605	203

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

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.



Production Supervisor

(Title)

4-6-83

(Date)

OIL CONSERVATION DIVISION

APR 11 1983

APPROVED _____, 19 _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 multiple completed wells.

SECRET
NO FORN DISSEM
2025 RELEASE UNDER E.O. 14176

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C-100-E

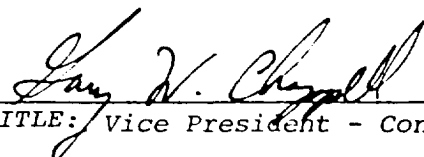
LANDIS DRILLING COMPANY
P. O. Box 3579
MIDLAND, TEXAS 79702

OPERATOR Yates Petroleum Corporation ADDRESS 207 South 4th, Artesia, NM 88210
LEASE NAME Swan "VB" State WELL NO. #2
LOCATION 1980'FSL & 1980'FEL, Sec. 21, T-14-S, R-33-E, Lea County, New Mexico

DEPTH	ANGLE- INCLINATION DEGREES	DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
449	1/4	1.96	1.96
930	1/2	4.20	6.16
1460	3/4	6.94	13.10
1754	1/4	1.28	14.38
2245	1/2	4.29	18.67
2743	1/2	4.35	23.02
2876	1/2	1.16	24.18
3364	3/4	6.39	30.57
3867	3/4	6.58	37.15
4192	3/4	4.25	41.40
4693	3/4	6.56	47.96
5198	1/2	4.41	52.37
5720	3/4	6.83	59.20
6238	1/2	4.52	63.72
6734	3/4	6.49	70.21
7290	3/4	7.28	77.49
7815	3/4	6.87	84.36
8092	1 1/2	7.25	91.61
8341	2	8.69	100.30
8588	2 3/4	11.85	112.15
8742	2 3/4	7.39	119.54
8839	3	5.08	124.62
8993	2 3/4	7.39	132.01
9025	2 3/4	1.54	133.55
9180	3	8.11	141.66
9274	3	4.92	146.58
9369	3 1/4	5.39	151.97
9460	3	4.76	156.73
9928	2 1/2	20.41	177.14
10,155	2 1/2	9.90	187.04

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

LANDIS DRILLING COMPANY

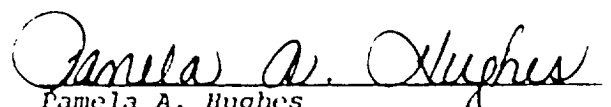

TITLE: Vice President - Contracts

AFFIDAVIT:

Before me, the undersigned authority, appeared Gary W. Chappell known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the Operator of the well identified above, and that to the best of his knowledge and belief, such well was not intentionally deviated from the true vertical whatsoever.


AFFIDANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 7th day of March, 1983.


Pamela A. Hughes
Notary Public in and for the
County of Midland, Texas

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