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

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III
O. 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

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-28137
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
COMMINGLING APPROVED BY ORDER NO. DHC-853 WOLFCAMP POOL: OIL-6%; GAS-6% PENN POOL: OIL-94%; GAS-94%	
Change of operator give name and address of previous operator	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR	
DESCRIPTION OF WELL AND LEASE	
Lease Name Paloma WW State	Well No. 1
Pool Name, Including Formation Undes. Wolfcamp	Kind of Lease State, Federal or Fee
Lease No. V-644	
Location Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West Line Section 3 Township 14S Range 33E, NMPM, Lea County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Corp.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 5	Twp. 14
	Rge. 33	Is gas actually connected? Yes	
When? 11-19-83 - Penn 4-15-92 - Wolfcamp			
If this production is commingled with that from any other lease or pool, give commingling order number:			

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded Workover-4-2-92	Date Compl. Ready to Prod. 4-15-92		Total Depth 10185'		P.B.T.D. 10071'			
Elevations (DF, RKB, RT, GR, etc.) 4236.1' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9300'		Tubing Depth 9614'			
Perforations 9300-9612'					Depth Casing Shoe 10185'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 401'		SACKS CEMENT 450 (in place)			
12 1/2"	8-5/8"		4180'		2873 (in place)			
7-7/8"	5 1/2"		10185'		2873 (in place)			
	2-7/8"		9614'					

VI. TEST DATA AND REQUEST FOR ALLOWABLE

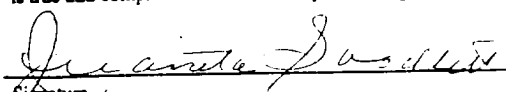
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 4-15-92 - Wolfcamp	Date of Test 4-15-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 25	Choke Size 2"
Actual Prod. During Test 1-1/2	Oil - Bbls. 1/2	Water - Bbls. 1	Gas - MCF 1/2 mcf/d

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
9-18-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

SEP 24 '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.