

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

OIL CONSERVATION DIVISION

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. 30-025-30853
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change oil transporter: 2-1-92 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Casinghead gas connected: 1-8-92		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Dog AKA State	Well No. 1	Pool Name, Including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. K-6231
Location Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East Line Section 2 Township 14S Range 33E, NMPM, 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 1689, Lovington, NM 88260					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2	Twp. 14	Rge. 33	Is gas actually connected? YES	When? 1-8-92

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v X	Diff Res'v
Date Spudded 5-11-90	Date Compl. Ready to Prod. 12-3-91		Total Depth 10100'		P.B.T.D. 10040'			
Elevations (DF, RKB, RT, GR, etc.) 4192' GR	Name of Producing Formation Bough A, B, C, D		Top Oil/Gas Pay 9754'		Tubing Depth 10013'			
Perforations 9754-10014'					Depth Casing Shoe 10077'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		380'		360sx			
11"	8-5/8"		4200'		1700 sx			
7-7/8"	5-1/2"		10077'		648 sx			
	2-7/8"		10013'					

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.)

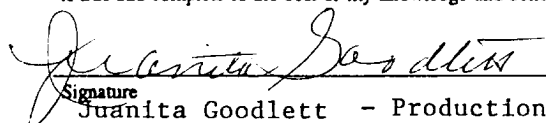
Date First New Oil Run To Tank 6-28-90	Date of Test 12-10-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 40	Choke Size 2"
Actual Prod. During Test 479	Oil - Bbls. 40	Water - Bbls. 439	Gas- MCF 40

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
1-28-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 '92

By ORIGINAL SIGNATURE OF DIVISION
INSTRUMENT 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.