

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

Operator YATES PETROLEUM CORPORATION		Well API No. 30-025-31181
Address 105 South 4th St., Artesia, NM 88210		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-1-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fort AIO	Well No. 1	Pool Name, Including Formation Wildcat (Canyon) Penn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>13S</u> Range <u>34E</u> , 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"/> PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) PO Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>20</u> Twp. <u>13</u> Rge. <u>34</u> Is gas actually connected? <u>No</u> When ?

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 checked="" type="checkbox"/> Workover <input 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 3-27-91	Date Compl. Ready to Prod. 7-6-91	Total Depth 10981'
Elevations (DF, RKB, RT, GR, etc.) 4157' GR	Name of Producing Formation (Canyon) Penn	Top Oil/Gas Pay 10828'
Perforations 10828-10847'		Tubing Depth 10892'
		Depth Casing Shoe 10981'
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
17 1/2"	13-3/8"	376'
11"	8-5/8"	4248'
7-7/8"	5-1/2"	10981'
	2-7/8"	10892'
SACKS CEMENT		
		400 sx
		1750 sx
		750 sx

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.)

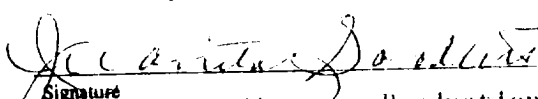
Date First New Oil Run To Tank 6-29-91	Date of Test 7-6-91	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30#
Actual Prod. During Test 35	Oil - Bbls. 30	Water - Bbls. 5
		Choke Size Open
		Gas - MCF TSTM

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
7-12-91
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

JUL 16 1991

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By

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.

RECEIVED
JUL 15 1991
HOBBS OFFICE