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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

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. 30-025-25314
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/> RE-ENTRY	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2-1-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scratchy Ranch State Unit	Well No. 1	Pool Name, including Formation (Undes. Canyon) <u>Upper Penn</u>	Kind of Lease State, Federal or Fee	Lease No. V-3211
Location Unit Letter <u>J</u> : 2030 Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>15S</u> Range <u>32E</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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711	
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>J</u>	Sec. <u>14</u>
	Twp. <u>15</u>	Rge. <u>32</u>
	Is gas actually connected? No	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>RE-ENTRY</u> <u>7-18-91</u>	Date Compl. Ready to Prod. <u>12-9-91</u>		Total Depth <u>13320'</u>		P.B.T.D. <u>10650'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>13320'</u>	Name of Producing Formation <u>Canyon</u>		Top Oil/Gas Pay <u>10536'</u>		Tubing Depth <u>10500'</u>			
Perforations <u>10536-10594 1/2'</u>					Depth Casing Shoe <u>10997'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13-3/8"</u>		<u>399'</u>		<u>610 sx (in place)</u>			
<u>12 1/2"</u>	<u>9-5/8"</u>		<u>4170'</u>		<u>2100 sx (in place)</u>			
	<u>8 1/2"</u>		<u>10500'</u>		<u>250 sx (in place)</u>			
<u>7-7/8"</u>	<u>5 1/2"</u>		<u>10997'</u>		<u>1900 sx</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

/2-7/8" @ 10500'/

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 <u>11-15-91</u>	Date of Test <u>12-9-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>40</u>	Casing Pressure <u>40</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>85</u>	Oil - Bbls. <u>22</u>	Water - Bbls. <u>63</u>	Gas- MCF <u>53</u>

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.

Juanita Goodlett
Signature
Juanita Goodlett - Production Supvr.
Printed Name
12-11-91 (505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

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.

1. The first part of the document is a letter from the Secretary of the Department of the Interior to the Secretary of the Department of the Army, dated December 1, 1901. The letter is addressed to the Secretary of the Department of the Army, and is signed by the Secretary of the Department of the Interior.

RECEIVED
DEC 12 1901
DOD
HOURS OFFICE