STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.
Operator: Yates Petroleum Corporation

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

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:
- Oil [ ]
- Casinghead Gas [ ]
- Dry Gas [ ]
- Condensate [ ]

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hummingbird ADM State	1	NE Lovington Penn	State, Federal or Fee State	LG-7355

Location
Unit Letter ~~G~~ H ; 2086 Feet From The North Line and 554 Feet From The East
Line of Section 8 Township 16S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Co. of Texas, Inc.	Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.	Box 1589, Tulsa, OK 74101

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	8	16s	37e	Yes	1-10-86

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-28-85	1-10-86	11830'	11725'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3832' GR	Strawn	11524'	11570'
Perforations			Depth Casing Shoe
11524-11566'			11830'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	450'	450
11"	8-5/8"	4486'	1700
7-7/8"	5-1/2"	11830'	1100
	2-7/8"	11570'	

V. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-4-86	1-10-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	940#	Pkr	16/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
494	494	-0-	744

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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
(Signature)
Production Supervisor
(Title)
1-13-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 1 5 1986, 19 ____

BY 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