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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator JOHN A. YATES, JR.	Well API No. 30-025-31636
Address 331 West Main, Suite A, Artesia, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) 6-1-94 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator YATES PETROLEUM CORPORATION, 105 South 4th Street, Artesia, NM 88210	

II. DESCRIPTION OF WELL AND LEASE

Lease Name 15542 Kennitz South AFL State	Well No. 1	Pool Name, Including Formation Vacuum Grayburg-SA 62180	Kind of Lease State, Federal or Tribal	Lease No. VB 131
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 31 Township 16S Range 34E , 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"/> Navajo Refining Co. 15644	Address (Give address to which approved copy of this form is to be sent) PO BOX 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation 24651	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 0 Sec. 31 Twp. 16 Rge. 34	Is gas actually connected? Yes	When? 9-30-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Leng.		Choke Size
Actu.		Gas- MCF
O-TRNSP. OGRID NO. 15644		
G-TRNSP. OGRID NO. 24651		
GA:		
Actu:		Gravity of Condensate
Testin:		Choke Size
OIL POD NO. 2706910	wtr	
GAS POD NO. 2706930	2706950	

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 **Danette Fuller**
Printed Name **Danette Fuller - Production Supvr.**
Date **6-27-94** Title **(505) 748-1471**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 30 1994**
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.