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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

RECEIVED

MAR 4 1991

O. C. D.
ARTESIA, OFFICE

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. 30-025-31042
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
If change of operator give name and address of previous operator	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lusk AHB Federal	Well No. 2	Pool Name, Including Formation Lusk, Delaware East	Kind of Lease State, Federal or Fee	Lease No. NM-59302
Location Unit Letter G : 1930 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 35 Township 19S Range 32E, 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 G	Sec. 35	Tw. 19	Rge. 32	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
RECOMPLETION						X		X
Date Spudded 1-11-91	Date Compl. Ready to Prod. 2-26-91		Total Depth 10600'		P.B.T.D. 7900'			
Elevations (DF, RKB, RT, GR, etc.) 3566 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5160'		Tubing Depth 6357'			
Perforations 5160-7736'					Depth Casing Shoe 10600'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 26"	CASING & TUBING SIZE 20"		DEPTH SET 40'		SACKS CEMENT REDIMIX			
17 1/2"	13-3/8"		1140'		950 SX (IN PLACE)			
12 1/2"	8-5/8"		4405'		3040 SX (IN PLACE)			
7-7/8"	5 1/2"		10600'		2250 SX (IN PLACE)			

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 6357'/

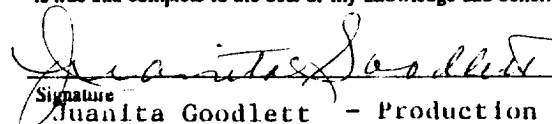
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 1-27-91	Date of Test 2-26-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size OPEN
Actual Prod. During Test 187	Oil - Bbls. 97	Water - Bbls. 90	Gas - MCF 30

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
2-28-91
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

MAR 12 1991

By

Drig. Sig
Paul Radoz
Geologist

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.