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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
YATES PETROLEUM CORPORATION	30-025-31042

Address
105 South 4th St., Artesia, NM 88210

Reason(s) for Filing *(Check proper box)*

New Well [X] Change in Transporter of:

Recompletion [ ] Oil [ ] Dry Gas [ ]

Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)* [ ]
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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Lusk AHB Federal	2	Undes. Bone Springs R-9747 3/1/91 O. Lusk	Federal	NM 59392

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 [X] or Condensate [ ] 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 [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	35	19	32	NO	

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-21-90	12-25-90	10600'	10553'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3566' GR	Bone Springs	10227'	10478'

Perforations	Depth Casing Shoe
10227-10485'	10600'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
17½"	13-3/8"	1140	950 sx
12¼"	8-5/8"	4405'	3040 sx
7-7/8"	5½"	10600'	2250 sx

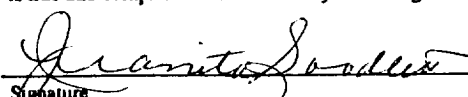## V. TEST DATA AND REQUEST FOR ALLOWABLE / 2-7/8" @ 10478'

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.)*	
12-20-90	12-25-90	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30#	30#	Open

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
192	157	35	40

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	Title
Juanita Goodlett	(505) 748-1471
12-26-90	
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved ___DEC 31 1990___

By ___ORIGINAL SIGNED___
DISTRICT

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.