

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-31966
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"/>	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	
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 Nowata AGR State	Well No. 2	Pool Name, Including Formation South Vacuum Wolfcamp Bone Spring	Kind of Lease State, Federal or Fee	Lease No. E-7653
Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East Line Section 9 Township 18S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Tex-New Mex Pipeline	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 - Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1689 - Lovington, NM 88260				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9	Twp. 18S	Rge. 35E	Is gas actually connected? yes	When? 6-23-93

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 RH 5-7-93 RT 5-11-93	Date Compl. Ready to Prod. 6-23-93		Total Depth 10410'		P.B.T.D. 10360			
Elevations (DF, RKB, RT, GR, etc.) 3921' GR	Name of Producing Formation Canyon Bone Spring		Top Oil/Gas Pay 8257		Tubing Depth 8178			
Perforations 8257-8296' Canyon Bone Spring					Depth Casing Shoe 10410			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40		Cement to surface			
17-1/2"	13-3/8"		450		500 sx - circulate			
12-1/4"	9-5/8"		3850		1450 sx - circulate			
8-3/4"	7"		10410		1375 sx - circulate			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" @ 8178'

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.)

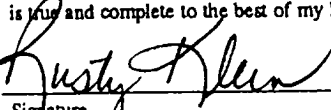
Date First New Oil Run To Tank 6-23-93	Date of Test 7-14-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 690	Casing Pressure	Choke Size 9/64"
Actual Prod. During Test 239	Oil - Bbls. 239	Water - Bbls. 0	Gas - MCF 162

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 Rusty Klein Production Clerk
Printed Name July 16, 1993 Title (505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 23 1993

Date Approved

By

Orig. Signed by
Paul Kautz
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.