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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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-30767
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 Bureaucrat AGV	Well No. 1	Pool Name, Including Formation Humble City Strawn	Kind of Lease State, Federal or Fee	Lease No. FEE
Location				
Unit Letter F : 2086 Feet From The North Line and 2086 Feet From The West Line				
Section 14 Township 17S Range 37E, 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"/>	Address (Give address to which approved copy of this form is to be sent) PO Drawer 2948, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 17S	Rge. 37E	Is gas actually connected? Yes	When? 3-24-90

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-19-90	Date Compl. Ready to Prod. 3-28-90		Total Depth 11905'		P.B.T.D. 11778'			
Elevations (DF, RKB, RT, GR, etc.) 3741' Gr	Name of Producing Formation Strawn		Top Oil/Gas Pay 11430'		Tubing Depth 11331'			
Perforations 11430-11461'					Depth Casing Shoe 11905'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		445'		500 sx			
11"	8-5/8"		5210'		2100 sx			
7-7/8"	5 1/2"		11905'		1380 sx			
	2-7/8"		11331'					

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 3-24-90	Date of Test 3-28-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 760	Casing Pressure Pkr	Choke Size 16/64"
Actual Prod. During Test 391	Oil - Bbls. 391	Water - Bbls. -0-	Gas- MCF 562

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
3-28-90
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

APR 02 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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.

RECEIVED
MAR 30 1990
OCD
HOBBS OFFICE