

Submit 5 Copies  
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

Operator YATES PETROLEUM CORPORATION		Well API No. 30-025-24823
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"/> RE-ENTRY	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 Cleary AKC Federal	Well No. 1	Pool Name, Including Formation Unders. Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 86148
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 17 Township 22S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77151-1188					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210					
Yates Petroleum Corporation						
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 17	Twp. 22	Rge. 32	Is gas actually connected? YES	When? 4-11-92

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
X	X							X
Date Spudded RE-ENTRY 12-17-91	Date Compl. Ready to Prod. 2-15-92		Total Depth TD 14800', COTD 9617'		P.B.T.D. 9535'			
Elevations (DF, RKB, RT, GR, etc.) 3680.9' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7310'		Tubing Depth			
Perforations 7310-8598'					Depth Casing Shoe 9617'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	26"	30'	5 yds Redimix (in place)
20"	16"	512'	780 sx (in place)
	10-3/4"	4700'	2400 sx (in place)
9-1/2"	5-1/2"	9617'	1394 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE 12-7/8" @ 7100' /  
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 1-9-92	Date of Test 2-15-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 52	Casing Pressure 52	Choke Size Open
Actual Prod. During Test 467	Oil - Bbls. 56	Water - Bbls. 411	Gas- MCF 52

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  
4-16-92  
Date  
(505) 748-1471  
Telephone No.

OIL CONSERVATION DIVISION  
APR 21 '92

Date Approved  
By  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.