

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. 30-025-31576
Address 105 SOUTH 4th STREET, 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 Kiwi AKX State	Well No. 1	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal or Private	Lease No. VB 134
Location Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line Section 16 Township 22S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation	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 Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 105 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 22	Rge. 32	Is gas actually connected? Yes	When? 5-22-92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-28-92	Date Compl. Ready to Prod. 5-23-92	Total Depth 8775'	P.B.T.D. 8709'					
Elevations (DF, RKB, RT, GR, etc.) 3704' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7202'	Tubing Depth 7500'					
Perforations 7202-8643'	Depth Casing Shoe 8775'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	Redi-Mix
17 1/2"	13-3/8"	871'	850 sx
11"	8-5/8"	4535'	1405 sx
7-7/8"	5-1/2"	8775'	985 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 7500' /

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 5-22-92	Date of Test 5-23-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 150	Casing Pressure 150	Choke Size 2"
Actual Prod. During Test 350	Oil - Bbls. 250	Water - Bbls. L00	Gas- MCF 113

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
5-27-92
Date
Title
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

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.

2000年12月15日

RECEIVED
JUN - 1 1992
O. C. O.
ATTORNEY GENERAL'S OFFICE