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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	YATES PETROLEUM CORPORATION	Well API No.	30-025-31595
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kiwi AKX State	2	East Livingston Ridge Delaware	State, Federal or Fee	VB 134
Location				
Unit Letter	I	: 1650	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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Enron Oil Trading & Transportation	PO Box 1188, Houston, TX 77151-1188					
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)					
Yates Petroleum Corporation	105 South 4th St., Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	P	16	22	32	Yes	6-8-92

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-16-92	6-11-92	8825'	8756'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3742' GR	Delaware	7108'	7500'					
Perforations						Depth Casing Shoe		
7108-8648'						8825'		
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"		862'		750 sx			
11"	8-5/8"		4565'		1600 sx			
7-7/8"	5-1/2"		8825'		925 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-7-92	6-11-92	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	120	120	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
577	199	378	151

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
JUANITA GOODLETT - PRODUCTION SUPVR.
Printed Name
6-15-92 (505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

Orig. Signed by

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.

RECEIVED

JUN 16 1992

CD HOBBS OFFICE