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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

Operator YATES PETROLEUM CORPORATION		Well API No. 30-025-31645
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kiwi AKX State	Well No. 6	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal or Fee	Lease No. VB-134
Location Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West 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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 9-10-92
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-24-92	Date Compl. Ready to Prod. 9-21-92		Total Depth 8890'		P.B.T.D. 8847'			
Elevations (DF, RKB, RT, GR, etc.) 3696' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6660'		Tubing Depth 8790'			
Perforations 6660-8632'					Depth Casing Shoe 8890'			
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"		852'		800 sx circulated			
11"	8-5/8"		4540'		1450 sx circulated			
7-7/8"	5-1/2"		8890'		980 sx circulated			

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 8790' /
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.)

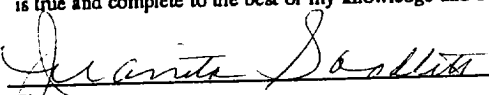
Date First New Oil Run To Tank 9-6-92	Date of Test 9-21-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60	Choke Size 2"
Actual Prod. During Test 662	Oil - Bbls. 102	Water - Bbls. 560	Gas- MCF 71

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
9-23-92
Date
(505) 748-1471
Telephone No.

OIL CONSERVATION DIVISION

SEP 29 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT OPERATOR

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

SEP 28 1992

OCD HOBBS OFFICE