

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1380, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Departn.

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. 30-025-31889 ✓
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. 89937 8/1/93**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kiwi AKX State	Well No. 8	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal or Fee	Lease No. VB-134
Location				
Unit Letter F	1980	Feet From The North 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"/> EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188				
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 16	Sec. 22	Twp. 32	Rge. Yes	Is gas actually connected? When ? 3-7-93

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 2-8-93	Date Compl. Ready to Prod. 4-2-93		Total Depth 8840'		P.B.T.D. 8794'			
Elevations (DF, RKB, RT, GR, etc.) 3746' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7183'		Tubing Depth 7150'			
Perforations 7183-7185'					Depth Casing Shoe 8840'			
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"		850'		800 sx - circulated			
11"	8-5/8"		4590'		1800 sx - circulated			
7-7/8"	5 1/2"		8840'		1355 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE **12-7/8" @ 7150' /**

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.)

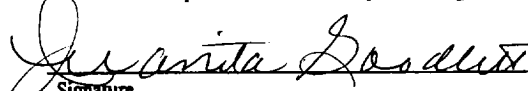
Date First New Oil Run To Tank 3-7-93	Date of Test 4-2-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60	Choke Size 2"
Actual Prod. During Test 439	Oil - Bbls. 88	Water - Bbls. 351	Gas- MCF 40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
4-7-93 Title
(505) 748-1471
Date Telephone No.

OIL CONSERVATION DIVISION

APR 12 1993

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**
SEXTON 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.