

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-32255
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input 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. 9	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal pr/Fed /	Lease No. VB-0134
Location Unit Letter A : 330 Feet From The North 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 EOTT Energy Corporation	<input checked="" type="checkbox"/> EOTT Energy Operating LP Effective 4-1-94	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 Yates Petroleum Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. 22s	Rge. 32e	Is gas actually connected? Yes	When ? 11-5-93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-11-93	Date Compl. Ready to Prod. 11-9-93		Total Depth 8915'		P.B.T.D. 8839'			
Elevations (DF, RKB, RT, GR, etc.) 3781' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7009'		Tubing Depth 7500'			
Perforations 7009-7348'					Depth Casing Shoe 8915'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	57'	Redi-Mix
17 1/2"	13-3/8"	870'	750 sx-circulated
11"	8-5/8"	4607'	1900 sx-circulated
7-7/8"	5-1/2"	8915'	935 sx circulated*

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.)

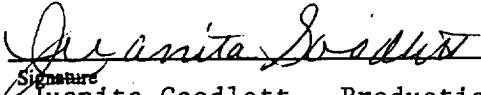
Date First New Oil Run To Tank 11-5-93	Date of Test 11-9-93	Producing Method (Flow, pump, gas lift, etc.) Producing	
Length of Test 24 hrs	Tubing Pressure 80	Casing Pressure 80	Choke Size 2"
Actual Prod. During Test 491	Oil - Bbls. 96	Water - Bbls. 395	Gas- MCF 32

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 Supervisor
Printed Name
11-12-93
Date
505/748-1471
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 19 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.