

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Yates Petroleum Corporation 105 South Fourth Street Artesia, NM 88210		OGRID Number 025575
		Reason for Filing Code RT of 2000 bbls for Aug., 1997 for perms 10010-10046 (Devonian)

API Number 30 - 0 25-33793	Pool Name Wildcat Undesignated Devonian	Pool Code 96739
Property Code 191015	Property Name Ed Powell Unit	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
N	7	26S	38E		330	South	1880	West	Lea

III. Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County

Lee Code F	Producing Method Code F/P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020445	Scurlock Permian Corp. P. O. Box 3119 Midland, TX 79702	2819694	0	Unit N - Section 7-T26S-R38E
138648	Amoco P/L Int. Trucking 502 N. West Avenue Levelland, TX 79336	2819694	0	Unit N - Section 7-T26S-R38E

IV. Produced Water

POD	POD ULSTR Location and Description Unit N - Section 7-T26S-R38E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: Rusty Klein

Printed name: Rusty Klein

Title: Operations Technician

Date: Aug. 21, 1997

Phone: 505-748-1471

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title:

Approval Date:

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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