

REGISTRATION
FILE
CLASSIFICATION
TRANSPORTER
PERMIT
REGISTRATION OFFICE

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FEB 25 1985

REQUEST FOR ALLOWABLE
AND

O. C. D.
ARTESIA, NEW MEXICO
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (check proper box)

New Well ☐
Reopening ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Effective March 1, 1985

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Empire South Deep Unit	18	South Empire Morrow	State, Federal or Fee	State E-4201

Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 30 Township 17S Range 29E , NADRA, Eddy Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Box 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	1800 Wilco Bldg., Midland, Texas 79701

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	30	17S	29E	Yes	6/8/78

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Reas'y	Diff. H
(X)								
Date Tested	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Corrections (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Corrections	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (gust, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

A. M. Yates
(Signature)

Drilling Superintendent

(Title)

February 21, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED

Original Signed By

Leslie A. Clements

Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1101.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the des
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of con
Separate Forms C-104 must be filled for each pool in no
re-completed wells.