

NEW MEXICO DEPARTMENT OF MINES AND METALLURGY

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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FEB 25 1985

**O. C. D.
ARTESIA, NEW MEXICO**

**REQUEST FOR ALLOWABLE
AND
LIMITATION TO TRANSPORT OIL AND NATURAL GAS**

Harvey E. Yates Company

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

Reason(s) for filing (check proper box) Other (Please explain)

New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Effective March 1, 1985

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name HEYCO	Well No. 1	Pool Name, including Formation Golden Lake Strawn	Kind of Lease State, Federal or Free State	Lease No. K-4278
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 32 Township 20 Range 30E , NMPM , Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline of America	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79708
Well produces oil or liquids, give location of tanks. Unit E Sec. 32 Twp. 20S Rge. 30E	Is gas actually connected? Yes when 7/24/75

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	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same as prev.	<input type="checkbox"/> Diff. Fr.
Date Cased	Date Compl. Ready to Prod.	Total Depth		P.H.T.D.			
Revisions (DF, RAB, RF, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top 25% 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.)	Post ID-3 3-1-85 Lbj. & T. ROC
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Lbbl.	Water-Lbbl.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	lbbl. Condensate/MCF	Gravity of Condensate
Testing Method (spot, 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

February 21, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED _____, 19____

Original Signed By
Leslie A. Clements
Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in the completed wells.