

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-101 and C-1  
 Effective 1-1-65

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DISTRIBUTION	
SALES FEE	
TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Harvey E. Yates Company

Address  
 P. O. Box 1933, Roswell, N. M. 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASE-HEAD GAS MUST NOT BE PLACED AFTER 2/11/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Transporter of Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Graves	Well No. 7	Pool Name, including Formation Cato-San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location  
 Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East  
 Line of Section 6 Township 8S Range 31E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing Company</u>	<u>N Freeman Avenue, Artesia, N. M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	6	8S	31E		

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 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 Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 10-2-77	Date Compl. Ready to Prod. 11-23-77	Total Depth 3873' KB	P.B.T.D. 3843' KB					
Locations (DF, RKB, RT, GR, etc.) 4202.' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3652' - 3789'	Tubing Depth 3828' KB					
Perforations 3652', 60', 66', 75' - 4 Shots; 3706', 13', 14', 16', 19', 27', 32', 35', 37 - 9 Shots; 3779', 83', 86 1/2', 89' - 4 Shots		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	271'	125 Sx Cl C w/2% CaCl
8"	7"	1278' KB	350 Sx Cl C w/2% CaCl
6 1/2"	4 1/2"	3874' KB	125 Sx Cl C 50/50 Poz 2%
	2 3/8"	3828' KB	gel w/6# salt/sx

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 allowable for this depth or be for full 24 hours)

Note First New Oil Run To Tanks 12-1-77	Date of Test 12-2-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 95 BBLS	Oil-Bbls. 85	Water-Bbls. 10	Gas-MCF TSTM

TEST WELL

ASIS Test, Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Paul Hardie*

(Signature)

Engineer

(Title)

December 7, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY *Harvey E. Yates*

TITLE \_\_\_\_\_

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

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

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

RECEIVED

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CAL COMMUNICATION COMMA.  
HOBBS, N. M.