

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
OIL	<input type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator
Harvey E. Yates Company

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE *Northwest Austin Miss Gas R 7554 (6-1-84)*

Lease Name Duncan Unit	Well No. 3	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee NM-16648	Lease No.
Location Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>13S</u> Range <u>35E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	P. O. Box 3609, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
State Gas Pipeline	P. O. Box 2511, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit: N Sec: 26 Twp: 13 Rge: 35	Yes 5/1/84

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	Same Res'v.	Diff. Res
(X)		X	X					
Date Spudded 12/20/83	Date Compl. Ready to Prod. 3/7/84	Total Depth 13,600		P.B.T.D. NA				
Elevations (DF, RAB, RT, CR, etc.) 4020.8 GL	Name of Producing Formation Austin Mississippian	Top Oil/Gas Pay 13,435'		Tubing Depth 13397				
Perforations 13,435' to 13,600' Open Hole				Depth Casing Shoe 13435				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	360	375 SXS
11	8 5/8	4520	5200 SXS
7 7/8	5 1/2	13435	900 SXS

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 oil 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 3.2 AOF	Length of Test 4 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate 0
Testing Method (prior, back pr.)	Tubing Pressure (shut-in) 2250	Casing Pressure (shut-in)	Choke Size 7/64"

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.

Ray Z. [Signature]
Reservoir Engineer
June 18, 1984

OIL CONSERVATION DIVISION
JUN 26 1984
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 condition.
Separate Form C-104 must be filed for each pool in multi-completed wells.

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RECEIVED
JUN 19 1984
O.C.D.
HOLDS OFFICE