

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Harvey E. Yates Company	
Address	P.O. Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input checked="" type="checkbox"/> New Well		
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		
Change in Transporter of:		
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Caviness 11 Federal	#2	Mescalero Escarpe	State, Federal or Fee Federal	NM-53381
Location				
Unit Letter		Feet From The	Line and	Feet From The
E	330	West	2310	North
Line of Section	Township	Range	NMPM.	Lea County
11	18S	33E		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

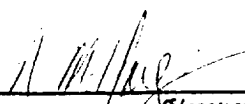
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Co.	P.O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P.O. Box 1959, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
	L	11	18	33	Yes	11/2/87

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
N.M. Young  
\_\_\_\_\_  
(Signature)  
Drilling Superintendent  
\_\_\_\_\_  
(Title)  
November 3, 1987  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

NOV 5 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
Paul Kautz  
Geologist  
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 owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	10/2/87							
Elevations (D.F., R.K.B., R.T., CR., etc.)	4014.4 GL							
Name of Producing Formation	Bone Spring							
Top Oil/Gas Pay	8717							
Tubing Depth	8606							
Depth Casing Shoe	9400							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	17 1/2							
CASING & TUBING SIZE	13 3/8							
DEPTH SET	400							
SACKS CEMENT	425 SKS							
	1300 SKS							
	1550 SKS							

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	10/31/87							
Date of Test	10/31/87							
Producing Method (Flow, pump, gas lift, etc.)	Flowing							
Length of Test	6 hours							
Actual Prod. During Test	Oil-Bbls. 275	Water-Bbls. 0						
Actual Prod. Test-MCF/D	85							
Actual Prod. Test-MCF/D	24/64							
Choke Size	20							
Gravity of Condensate								

GAS WELL

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

RECEIVED  
 NOV 4 1987  
 OCC.  
 HOBBS OFFICE