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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <i>Harvey E. Yates Company</i>	Well API No. <i>30-025-27730</i>
Address <i>P.O. Box 1933, Roswell, New Mexico 88202</i>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/> Plugback Oil	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Federal 19</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Bone Spring</i> Undesignated Bone Spring	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. <i>NM 077004</i>
Location Unit Letter <i>N</i> : <i>660</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>West</i> Line Section <i>19</i> Township <i>19S</i> Range <i>33E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Pride Pipeline Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 2436, Abilene, Texas 79604</i>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>TBA</i>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>	Sec. <i>19</i>	Twp. <i>19S</i>	Rge. <i>33E</i>	Is gas actually connected? <i>No</i>	When? <i>WOPL</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <i>3-7-82</i>	Date Compl. Ready to Prod. <i>11-14-89 (PB)</i>		Total Depth <i>13,800'</i>		P.B.T.D. <i>10,740'</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3602.1 GE</i>	Name of Producing Formation <i>Bone Spring</i>		Top Oil/Gas Pay <i>9787</i>		Tubing Depth <i>9534</i>			
Perforations <i>9787-9895', (11 holes-.41")</i>		<i>10,371.5' (2 cuts-hydro jet)</i>		Depth Casing Shoe <i>13,800'</i>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17 1/2"</i>	<i>13 3/8" 48#</i>		<i>1300'</i>		<i>975 sx C1 "C"</i>			
<i>12 1/2"</i>	<i>9 5/8" 36 & 40#</i>		<i>5290'</i>		<i>2063 sx Howco Lite</i>			
<i>8 3/4"</i>	<i>5 1/2" 17 & 20#</i>		<i>13,800'</i>		<i>2503 sx Howco Lite</i>			
	<i>2 7/8"</i>		<i>9534'</i>					

V. 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <i>11-14-89</i>	Date of Test <i>11-15-89</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump (jet pump 7A)</i>	
Length of Test <i>24</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>95 BO</i>	Water - Bbls. <i>108 load</i>	Gas - MCF <i>44</i>

GAS WELL

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

VI. OPERATOR 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 F. Nokes
Signature
Ray F. Nokes Prod. Manager/Engineer
Printed Name
11-15-89 *505-623-6601*
Date Telephone No.

OIL CONSERVATION DIVISION

NOV 17 1989

Date Approved _____
By _____
Title _____
Orig. Signed by
Paul Kautz
Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

NOV 16 1989

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