Submit 5 Copies
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 Instruction: at Rattom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operati 30-025-00898 Harvey E. Yates Company Address P.O. Box 1933, Roswell, New Mexico 88202 Other (Please explain) Reason(s) for Filing (Check proper box) gas consucctions Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Na Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee VB-0176 #1 West Lusk Delaware Lusk 16 State Location 660 West 660 Feet From The South Line and Line Feet From The Unit Letter . Lea Section 16 198 32E County . NMPM. Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Authorized Transporter of Oil X

Pride Pipeline Company or Condensate Name of Authorized Transporter of Oil P.O. Box 2436, Abilene, Texas 79604 Name of Authorized Transporter of Casinghead Gas
Phillips (i.e. Little authorized) or Dry Gas Address (Give address to which approved copy of this form is to be sent) Participale ale 37611516191 Is gas actually connected? When? If well produces oil or liquids, Unit Sec Twp. Rge. 20,49 give location of tanks. <u>L 19</u> L_M 16 1 32 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Diff Res'v Deepen Gas Well New Well Workover Oil Well Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations 6503 & 6509 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** V. 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION 1989 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 helief. Date Approved _ Orig. Signed '. Paul Kautz By ____ Geologist 414/14

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

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

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

(505) 623-6601

Tiue

Telephone No.

- 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.

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OCT 2 1989

ocd Hobbs office