

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPLICANT		
STATE		
U.S.G.S.		
ADDRESS AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Harvey E. Yates Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Young Deep Unit 4 No. Young Bone Spring Kind of Lease Federal LC 064009

County H 1980 Feet from the North 660 Feet from the East

Line of Section 9 Township 18S Range 32E Lea

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Koch Oil Company Address to which approved copy of this form is to be sent P. O. Box 3609, Midland TX 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Co. Address to which approved copy of this form is to be sent 5B4 Phillips Bldg, Bartlesville OK 74004

If well produces oil or liquids, give location of tanks. Unit H Sec. 9 Twp. 18S Range 32E

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded <u>4/10/81</u>	Date Compl. Ready to Prod.	Test Depth <u>8700</u>	Test Interval <u>8343</u>
Elevations (DF, RKB, RT, G.R., etc.) <u>3828.3 GR</u>	Name of Productive Formation <u>Bone Spring</u>	Test Oil Gas Day <u>8812</u>	Test Interval <u>8700</u>
Perforations <u>8312 to 8337</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	650	750
11	8 5/8	4650	1300
7 7/8	4 1/2	8700	700

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 Tanks <u>7/02/81</u>	Date of Test <u>7/13/81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure <u>175</u>	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>113</u>	Water-Bbls. <u>76</u>	Gas-MCF <u>126</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 T. Hardee
(Signature)
Engineer
(Title)
September 28, 1981
(Date)

OIL CONSERVATION COMMISSION
OCT 2 1981
APPROVED _____, 19____
BY Jerry Sexton
TITLE Dist. L. Supv.

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 deviat 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 own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in a multi-well.