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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

NOV 27 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator <i>Harvey E. Yates Company</i>	Well API No. <i>30-015-23504</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: CASINGHEAD GAS MUST NOT BE Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 11/6/90 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Eddy JP State</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Undesignated Bone Spring</i>	Kind of Lease (State, Federal or Fee) <i>State</i>	Lease No. <i>LG 1524</i>
Location Unit Letter <i>N</i> : <i>750</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>West</i> Line Section <i>36</i> Township <i>18S</i> Range <i>31E</i> , NMPM, <i>Eddy</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 type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>to be determined</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>36</i>
	Twp. <i>18S</i>	Rge. <i>31E</i>
	Is gas actually connected? <i>No</i>	
	When ?	

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 checked="" type="checkbox"/>
Date Spudded <i>2-4-81</i>	Date Compl. Ready to Prod. <i>10-17-89 workover</i>		Total Depth <i>12,250'</i>		P.B.T.D. <i>9875 new</i>			
Elevations (DF, RKB, RT, GR, etc.) <i>3644 GL</i>	Name of Producing Formation <i>Bone Spring</i>		Top Oil/Gas Pay <i>8845</i>		Tubing Depth <i>9178</i>			
Perforations <i>8845-9083' (OA) Bone Spring</i>					Depth Casing Shoe <i>12,250</i>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>14 3/4"</i>	<i>11 3/4"</i>		<i>600</i>		<i>500 Post ID-2</i>			
<i>11"</i>	<i>8 5/8"</i>		<i>4585</i>		<i>1100 11-12-89</i>			
<i>7 7/8"</i>	<i>5 1/2"</i>		<i>12,250</i>		<i>950 comp. BS</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>10-20-89</i>	Date of Test <i>10-23-89</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump (jet pump 7A combination)</i>	
Length of Test <i>24 hours</i>	Tubing Pressure <i>- - -</i>	Casing Pressure <i>- - -</i>	Choke Size <i>- - -</i>
Actual Prod. During Test	Oil - Bbls. <i>40</i>	Water - Bbls. <i>118 load</i>	Gas - MCF <i>20</i>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature
Ray Nokes
Printed Name
Ray Nokes
Date
10-26-89
Title
Production Manager/Engineer
Telephone No.
505-623-6601 skh

OIL CONSERVATION DIVISION

Date Approved *NOV 3 1989*

By *ORIGINAL SIGNED BY*

MIKE WILLIAMS
Title *SUPERVISOR, DISTRICT II*

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.