

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Operator

Harvey E Yates Company

Address

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

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Duncan Unit	Well No. 2	Pool Name, including Formation Wildcat	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>13S</u> Range <u>35E</u> , NMPM, Lea				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2511, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. 13S	Rge. 35E	Is gas actually connected? Yes	When 5/25/84

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Heavy	Diff. H.
		X	X					
Date Spudded 2/23/81	Date Compl. Ready to Prod. 4/9/81		Total Depth 13650		P.E.T.D. 13534			
Elevations (DF, RKB, RT, GR, etc.) 4019.6 GR	Name of Producing Formation Mississippi		Top Oil/Gas Pay 13462		Tubing Depth 13326			
Perforations 13462' to 13500'					Depth Casing Shoe 13591			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	360	400 SXS
11	8 5/8	4515	1830 SXS
7 7/8	5 1/2	13591	900 SXS

5. 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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-bbls.	Water-bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 450	Length of Test 24 hours	bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (psis, back pr.) Flowing	Tubing Pressure (shut-in) 35#	Casing Pressure (shut-in)	Choke Size 1/2"

6. 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)

Reservoir Engineer

(Title)

June 27, 1984

(Date)

OIL CONSERVATION DIVISION

JUN 29 1984

APPROVED _____, 19____

BY Eddie W. SeayTITLE Oil & Gas Inspector

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 device
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 change of oil
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filled for each pool in multi-
completed wells.