

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

Address

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

Reason(s) for Filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Effective March 1, 1985

If change of ownership give name

and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease Fee
Richardson Fee	1	Austin-Mississippian	State, Federal or Fee	Fee

Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The WestLine of Section 5 Township 14S Range 36E , N.M.P.M., Lea Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐or Condensate ☒

Navajo Refining Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐or Dry Gas ☒

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

1800 Wilco Bldg., Midland, Texas 79701

Well produces oil or liquids,
give section of tanks.

Unit

Sec.

Twp.

Rge.

B

5

14S

36E

Is gas actually connected?

Yes

when

4/27/82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Diff.
------------------------------------	----------	----------	----------	----------	--------	-----------	-------------------

Date, 1982

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RAB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Elevations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH EST	SACKS CEMENT

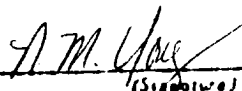
TEST DATA AND REQUEST FOR ALLOWABLE
NEW WELL.(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Core 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Drilling Superintendent

(Title)

February 21, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 26 1985**, 19BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi-
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
side on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of condi-Separate Form O-104 must be filed for each pool in mul-
ti-completed wells.

RECEIVED

FEB 25 1985

020
HOBBS OFFICE