

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., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Harvey E. Yates Company		Well API No. 30-025-20904
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	RELEASED AFTER 12-1-90
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	EXCESS AN EXCEPTION TO R-4070
Change in Operator <input type="checkbox"/>		IS OBTAINED.
If change of operator give name and address of previous operator _____		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-9447 3/1/91		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Superior C State	Well No. #1	Pool Name, Including Formation Bone Spring, East Lusk, Bone Spr.	Kind of Lease (State, Federal or Fee) State	Lease No. IG-605
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 16 Township 19S Range 32E , NMPM, Lea 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"/> Pride Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 K	Sec. 16	Twp. 19S	Rge. 32E	Is gas actually connected? NO	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 type="checkbox"/>
Date Spudded 10/10/64	Date Compl. Ready to Prod. 1/4/90 on PB		Total Depth 12,948		P.B.T.D. 10,380'			
Elevations (DF, RKB, RT, GR, etc.) 3614' GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9316		Tubing Depth 9130			
Performances 9316-9407' (oa)					Depth Casing Shoe 12,948'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
orig 17 1/2"	13 3/8"		1000'		977			
orig 12 1/4"	9 5/8"		3991'		2143 + 350			
orig 8 5/8"	5 1/2"		12,948'		435 + 1300			
	2 3/8"		9130'					

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 1/6/90	Date of Test 6/26/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 0	Choke Size 24/64"
Actual Prod. During Test 91	Oil - Bbls. 55	Water - Bbls. 36	Gas - MCF 42

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 F. Nokes Prod Mgr/Eng
Printed Name **Ray F. Nokes** Title
Date **10/19/90** Telephone No. **(505) 623-6601**

OIL CONSERVATION DIVISION

Date Approved 007 31 1990

By JERRY SEXTON ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title _____

- 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.

RECEIVED

OCT 30 1990

OCS
HOBBY OFFICE