

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                     |  |
|---------------------|--|
| DATE RECEIVED       |  |
| DIVISION            |  |
| SANTA FE            |  |
| FILE                |  |
| USED                |  |
| LAND OFFICE         |  |
| TRANSPORTER         |  |
| OIL                 |  |
| NATURAL GAS         |  |
| OPERATION           |  |
| REGISTRATION OFFICE |  |

Harvey E. Yates Company

Address  
P. O. Box 1636, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Costinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of transporter effective 6/1/82

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                     |               |                                                |                                               |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------|-----------------------------------------------|---------------------|
| Lease Name<br>Mobil 27 State                                                                                                                                                                                        | Well No.<br>1 | Pool Name, including Formation<br>Reeves Queen | Kind of Lease<br>State, Federal or Free State | Lease No.<br>B-2735 |
| Location<br>Unit Letter <u>A</u> ; <u>560</u> Feet From The <u>North</u> Line and <u>880</u> Feet From The <u>East</u><br>Line of Section <u>26</u> Township <u>18S</u> Range <u>35E</u> , NMPM, <u>Land</u> County |               |                                                |                                               |                     |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                           |                                                                                                                          |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>International Crude Corporation       | Address (Give address to which approved copy of this form is to be sent)<br>2454 Industrial Boulevard, Abilene, TX 79605 |                                                |
| Name of Authorized Transporter of Costinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Northern Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 2300, Midland, TX 79701            |                                                |
| If well produces oil or liquids,<br>give location of tanks.                                                                                               | Unit Sec. Twp. Rge.<br>A 27 18S 35E                                                                                      | Is gas actually connected? When<br>Yes 1/15/80 |

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 | Some Res'n. | Diff. Res'n. |
| Date Spudded                                | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (D.F., H.A.B., R.T., G.R., etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                                |                             |          |                 |          | Depth Casing Shoe |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 length or be for full 24 hours)

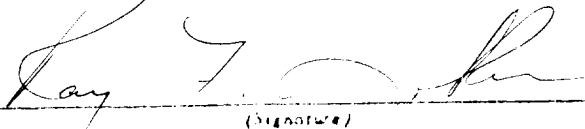
|                                  |                 |                                               |            |
|----------------------------------|-----------------|-----------------------------------------------|------------|
| Date First Flow Oil Run To Tanks | Date of Test    | Producing Method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

GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Wt. 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.



Reservoir Engineer  
(Title)

May 28, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple completions.