

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. 30-025-31101
Address P.O. Box 1933, Roswell, N.M. 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		
<p style="text-align: center;">THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.</p>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shoot 12 Federal	Well No. #3	Pool Name, including Formation West Corbin Delaware	Kind of Lease State (Federal) or Fee	Lease No. NM-40452
Location Unit Letter <u>0</u> : <u>495'</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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 Company	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 18S	Rge. 32E
Is gas actually connected?		When ?		
No				

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12/19/90	Date Compl. Ready to Prod. 1/11/91		Total Depth 5200'		P.B.T.D. 5144'			
Elevations (DF, RKB, RT, GR, etc.) 3862. GL	Name of Producing Formation Metex Delaware		Top Oil/Gas Pay 4939'		Tubing Depth 4782'			
Perforations 4939-57 (oa) Metex					Depth Casing Shoe 5200			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 1/2"	9 5/8" 36#		450'		500 sks			
7 7/8"	5 1/2" 17#		5200'		1000 + 350 sks			
	2 3/8" 4.7#		4782'					

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 1/12/91	Date of Test 1/12/91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1 1/2" x 16' pmp		
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test 162	Oil - Bbls. 104	Water - Bbls. 58	Gas - MCF venting (WO PL)	

GAS WELL

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

Ray Nokes
Signature
Ray Nokes
Printed Name
1/14/91
Date

Prod Eng/Mgr.
Title
(505) 623-6601
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.