

DATE OF FILING	
FILE NO.	
UNIT NO.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

RECEIVED BY

JAN 14 1985

O. C. D.
ARTESIA, OFFICEP. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST 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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-16-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINEDIf 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 No.
Anderson 24 Federal	1	Und. San Andres	State, Federal or Fee Fed.	NM-17216

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 24 Township 16S Range 27E NMPM, Eddy County

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)
Koch Oil Company	P. O. Box 3609, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	24	16S	27E	TSTM	

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'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/8/84	1/5/85	9485	2615					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3773.3	San Andres Bone Springs	2214'	2614					
Perforations			Depth Casing Shoe					
2214' to 2540'			3097					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	420	425 SXS
11	8 5/8	2154	1200 SXS
7 7/8	5 1/2	3097	325 SXS
	3 3/8	2614	

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)

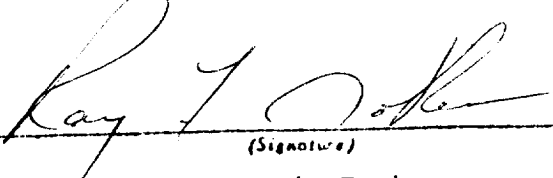
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
1/5/85	1/8/85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	
24 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	50	75	TSTM

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

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)January 11, 1985
(Date)

OIL CONSERVATION DIVISION

JAN 16 1985

APPROVED _____, 19____

BY _____
Original Signed By
Leslie A. Clements
Supervisor District II

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 deviation 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 changes of owner, well name or number, or transporter, or other such change of condition.

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