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S.G.S.	
AND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

FEB 26 1975

I. Operator **Harvey E. Yates Company INC.** **O.C.C. ARTESIA, OFFICE**

Address **Suite 1000, Security National Bank Bldg., Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	testing of re-entered well
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	200 bbl testing allowable
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Harvey E. Yates State</b>	Well No. <b>2</b>	Pool Name, including Formation <b>N. Benson Queen Sub.</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-2211</b>
Location Unit Letter <b>B</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>East</b> Line of Section <b>32</b> Township <b>18S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining</b> <i>Navajo Oil Purchasing Co.</i>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 159, Artesia, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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 Sec. Twp. Rge. Is gas actually connected? 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>12/10/74</b>	Date Compl. Ready to Prod. <b>1/25/75</b>	Total Depth <b>3244</b>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <b>3436 DF 3436FL</b>	Name of Producing Formation <b>Grayburg</b>	Top Oil/Gas Pay <b>3188</b>	Tubing Depth <b>3218</b>					
Perforations <b>from 3188 to 3202 2 shots/ft</b>			Depth Casing Shoe <b>3232</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>8"</b>	CASING & TUBING SIZE <b>5 1/2"</b> <b>2 3/8"</b>		DEPTH SET <b>3232</b> <b>3218</b>		SACKS CEMENT <b>400 sacks circulated</b>			

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 Tanks <b>2/15/75</b>	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>TEST NOT COMPLETE</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>NONE</b>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Druck Y. G. ...*  
(Signature)

Vice President

(Title)

February 25, 1975

(Date)

OIL CONSERVATION COMMISSION

FEB 27 1975

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

BY *W. A. ...*

TITLE **SUPERVISOR, DISTRICT II**

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 Forms C-104 must be filed for each pool in multiply completed wells.

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