

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAR 6 1975

Operator Harvey E. Yates Company, Inc.	
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 2	Pool Name, Including Formation Wm. N. Benson Queen Grb	Kind of Lease State, Federal or Fee State	Lease No. E-2211
Location Unit Letter B 330 Feet From The North Line and 2310 Feet From The East Line of Section 32 Township 18S Range 30E , NMPM, Eddy 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico
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. <i>connected for flow</i> Unit B A Sec. 32 Twp. 18 Rge. 30	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 Restv.	Diff. Restv.
Date Spudded 12/10/74	Date Compl. Ready to Prod. 1/25/75	Total Depth 3244		OTD 3083		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) 3436 DF 3436 FL	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3188		Tubing Depth 3218		Depth Casing Shoe 3232			
Perforations from 3188 to 3202 2 shots/ft									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8"	CASING & TUBING SIZE 5 1/2"	DEPTH SET 3232		SACKS CEMENT 400 sacks circulated					
	2 3/8"	3218							
10"	8 7/8"	510		50					

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 2/15/75	Date of Test 2/15/75	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 7 days	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 700 BBLS Fluid	Oil-Bbls. 400	Water-Bbls. 300 BBLS Mac Water	Gas-MCF 0

GAS WELL

Actual Prod. Test-MCF/D NONE	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.

Harvey E. Yates
(Signature)

Vice President

(Title)

March 5, 1975

(Date)

OIL CONSERVATION COMMISSION

MAR 6 1975

APPROVED _____, 19____

BY *W. A. Gussert*

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.

