

OIL CONSERVATION DIVISION

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RECEIVED BY P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
JAN 7 1986
O. C. D. REQUEST FOR ALLOWABLE
AND
ARTESIA OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

Address
Box 1933, Roswell, NM 88201

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mesquite 3	Well No. 1	Pool Name, including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. LC029388D
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco	Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>3</u>	Twp. <u>18S</u>	Rge. <u>31E</u>	Is gas actually connected? Yes	When 12-23-85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, 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				
					Post ID-2				
					1-17-86				
					Add 671 CON				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

Stephen R. Lake
(Signature)

Petroleum Engineer

(Title)

1-6-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 24 1986, 19

BY Original Signed By
Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1194.
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 conditions.
Separate Form C-104 must be filed for each pool in multiple completed wells.