

DISTRIBUTION	
AMT A FE	
FILE	
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-  
Effective 1-1-65

RECEIVED

SEP 29 1975

I. 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 etc.		Other (Please explain)	
Incompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	City Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Disposal of well	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

**CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Location and Formation	Kind of Lease	Lease No.
State	#3	N. Benson Queen Grayburg	State, Federal or Fee State	E-2211
Location				
Unit Letter	A	330 Feet from The North Line and 990 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	P. O. Drawer 159, Artesia, NM
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or City 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.	Is gas actually connected? When
A 32 18 30	

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)	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
X	X					
Date Spudded	Date Completed	Total Depth	P.B.T.D.			
3/28/75	8/21/75	3314	3290			
Elevations (DF, RAB, RT, etc.)	Name of Pool	Test Depth	Testing Depth			
3425 GR	Queen, -Grayburg	2892	3250			
Perforations			Depth Casing Shoe			
2892-96, 2905, 2920-26, 3024-29, 3194-3204, 3237-3250			3298			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
10"	8 5/8"	603'	150sx			
8"	4 1/2"	3298.5'	200			
	2" tubing	3250'				

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.)
9/13/75	9/13/75	Pump
Length of Test	Test Pressure	Choke Size
24 hrs		
Actual Prod. During Test	Water - bbls.	Gas - MCF
40	40BBLS	20 Bbls frac water

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

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.

*Irvin Yates*  
(Signature)

Vice President

(Title)

9/26/75

(Date)

OIL CONSERVATION COMMISSION

OCT 6 1975

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

BY *W. A. Gressett*  
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 deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple wells.

RECEIVED

OCT 2 1975

O. C. C.  
ARTESIA, OFFICE