

DISTRIBUTION		5
ANTA FE		/
ILE		/
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRODUCTION 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-114  
Effective 1-1-65

RECEIVED

DEC 29 1981

O. C. D.  
ARTESIA, OFFICE

Operator Harvey E. Yates Company	
Address Post Office Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in lease name	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Travis Deep	Well No. 1	Lease Name, Block, and Location Travis Upper Penn	Kind of Lease State, Federal or Private Federal	Lease No. NM-23417
Unit Letter K	Section 18	Foot from the South	Foot from the West	
Range 18	Township 18S	Range 29E	County Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or of Lease <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oil Purchasing Company	N. Freeman Avenue, Artesia, New Mex. 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	1800 Wilco Bldg, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When			
Unit K	Section 18	Range 18S	Foot from the West 29E	yes 5/23/77

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	Reperforation	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Tested			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Log. ID Gas Pay	Logging Log			
Perforations			Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 formation  
able 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

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

Pech 7 Linder  
(Signature)  
Engineer  
(Title)  
December 27, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1981  
BY Mike Wilkins  
TITLE OIL AND GAS INSPECTOR

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 allow-  
able 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  
completed wells.