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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
SEP 13 1993

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Harvey E. Yates Company</u>		Well API No. 30-015-22355
Address <u>P.O. Box 1933, Roswell, New Mexico 88202</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Add new perfs in same zone & return to production
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Travis Deep Unit</u>	Well No. #3	Pool Name, Including Formation <u>Travis Upper Penn</u>	Kind of Lease State, Federal or Fee	Lease No. NM-23417
Location Unit Letter <u>B</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u> Line Section <u>13</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> <u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2436, Abilene, Texas 79604</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>336 HS&amp;L Bldg, Bartlesville, OK 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>13</u>
	Twp. <u>18S</u>	Rge. <u>28E</u>
Is gas actually connected? <u>No</u>		When? <u>Unknown</u>

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) <u>XX</u>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input checked="" type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded <u>11/21/77</u>	Date Compl. Ready to Prod. <u>8/27/93</u>	Total Depth <u>11,270</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3639 (GL)</u>	Name of Producing Formation <u>Travis Upper Penn</u>	Top Oil/Gas Pay <u>9200</u>
Performances <u>9698-9704</u>		Tubing Depth <u>9597</u>
		Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>12 3/4</u>	<u>376</u>	<u>475 sks</u>
<u>11</u>	<u>8 5/8</u>	<u>2900</u>	<u>500 sks</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>11270</u>	<u>900 sks</u>
	<u>2 3/8</u>	<u>9597</u>	

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.)		Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Date First New Oil Run To Tank <u>9/2/93</u>	Date of Test <u>9/2/93</u>	Casing Pressure <u>0</u>	Choke Size <u>various</u>
Length of Test <u>24 hrs</u>	Tubing Pressure <u>1025 - 0</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>122</u>
Actual Prod. During Test	Oil - Bbls. <u>15</u>		

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. OPERATOR 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.

Signature Tim Gum Engineer  
Printed Name Tim Gum Title  
Date 9/9/93 Telephone No. 505/623-6601

OIL CONSERVATION DIVISION

Date Approved SEP 24 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.