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State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

AUG 19 1993

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company ✓		Well API No.
Address		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) Add new perfs in Morrow zone
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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 Travis Deep	Well No. #4	Pool Name, Including Formation South Empire Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-23417
Location				
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>18</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>NRC</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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&L Bldg, Bartlesville, OK 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>18</u>
	Twsp. <u>18S</u>	Rge. <u>29E</u>
	Is gas actually connected? <u>Yes</u> When? <u>3P - 8/16/93</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)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" 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 type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>9/19/81</u>	Date Compl. Ready to Prod. <u>7/9/93</u>		Total Depth <u>11,113'</u>		P.B.T.D. <u>10,860'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3536.3 GL</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>10,573'</u>		Tubing Depth <u>10,780'</u>			
Perforations <u>10,722 - 778</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8", 40#</u>	<u>400'</u>	<u>475</u>
<u>11</u>	<u>8 5/8", 24 & 32#</u>	<u>2910'</u>	<u>500</u>
<u>7 7/8"</u>	<u>4 1/2", 11.6</u>	<u>11,113'</u>	<u>890</u>
	<u>2 3/8", N-8</u>	<u>10,780</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.)

Date First New Oil Run To Tank	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 <u>130</u>	Length of Test <u>6 hrs</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>GOR</u>	Tubing Pressure (Shut-in) <u>3200</u>	Casing Pressure (Shut-in) <u>0</u>	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 G. Gum
Printed Name Tim Gum Title Engineer
Date 8/18/93 Telephone No. 505/623-6601

OIL CONSERVATION DIVISION

Date Approved SEP 14 1993

By ORIGINAL SIGNED BY
DAKE 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.