

DISTRIBUTION	
INTAKE	
FILE	
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-110  
Effective 1-1-67

RECEIVED

AUG 1981

Operator  
Harvey E. Yates Company✓  
Address  
P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

100 Bbls - Travis-Upper Penn  
Testing allowable-Perfs 9820-9838'

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Travis 13 State Com	2	Travis - Upper Penn (oil)	Kind of Lease	State	E-1287	
Unit Letter	C	660	Feet from The North	1980	Feet from The West		
Line of Section	13	Township	18S	Range	28E	Section	Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Navajo Refining Co	Address (Give address to which approved copy of this form is to be sent)	Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
	C	13	18S	28E

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	Water Well	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations	Length of Perforations	
Elevations (DF, RAB, RT, GR, etc.)	Name of Production Formation	Top of Oil/Gas Pay	Bottom of Oil/Gas Pay		

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 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

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.

  
(Signature)

Engineer

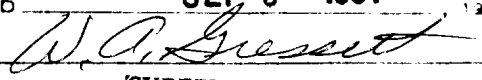
(Title)

28, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1981

BY   
TITLE SUPERVISOR, DISTRICT II

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 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 multiply completed wells.