

|                  |                                     |                                     |
|------------------|-------------------------------------|-------------------------------------|
| ANTAFE           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ILE              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| S.G.S.           | <input type="checkbox"/>            | <input type="checkbox"/>            |
| AND OFFICE       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| TRANSPORTER      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| OPERATOR         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PROBATION OFFICE | <input type="checkbox"/>            | <input type="checkbox"/>            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104  
Effective 1-1-67

RECEIVED

DEC 7 1981

O. C. D.

ARTESIA, OFFICE

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"/>                                                                                                                              |                        |
| Recompletion <input type="checkbox"/>                                                                                                                                     |                        |
| Change in Ownership <input type="checkbox"/>                                                                                                                              |                        |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                        |

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|              |                      |          |                   |               |                      |               |          |
|--------------|----------------------|----------|-------------------|---------------|----------------------|---------------|----------|
| Well Name    | Travis Deep Ohio Com | 1        | So. Empire Morrow | Kind of Lease | State, Federal, etc. | B-1159        |          |
| Well Depth   | M                    | 760      | Feet from the     | South         | 660                  | Feet from the | West     |
| Well Section | 13                   | Township | 18S               | Range         | 28E                  | NEPM          | Loc Eddy |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                     |                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|
| Designated Transporter (Check one)                                  | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude Oil Purchasing Co. <input checked="" type="checkbox"/> | N. Freeman Ave. Artesia, NM 88210                                        |
| El Paso Natural Gas Co. <input type="checkbox"/>                    | 1800 Wilco Bldg. Midland, TX 79701                                       |
| If well produces oil or liquids,<br>give location of tanks.         | Is gas actually compressed? When 12-28-81<br>No Yes not 30 days          |

If this production is commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

|                                      |                             |              |              |
|--------------------------------------|-----------------------------|--------------|--------------|
| Designate Type of Completion - (A)   | X                           | X            |              |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth  | Perforations |
| 9/19/81                              | 11/19/81                    | 11,000'      | 10,955'      |
| Perforations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Perforations | Perforations |
| 3539.1' GL                           | Morrow                      | 10,850'      | 10,801'      |
| Perforations                         |                             |              | 11,000'      |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACS CEMENT |
|-----------|----------------------|-----------|-------------|
| 17-1/2"   | 13-3/8"              | 343'      | 390         |
| 11"       | 8-5/8"               | 3114'     | 4780        |
| 7-7/8"    | 5-1/2"               | 11,000'   | 800         |
|           | 2-3/8"               | 10,801'   |             |

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 total volume 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-Bble.       | Water-Bble.                                   | Gas-MCF    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bble. Condensate/MMCF     | Gravity of Condensate |
| 3840                             | 1.5                       | trace                     | --                    |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| Back Pressure                    | 3425                      | 0                         | 1/2                   |

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.

*H. Deans*  
(Signature)  
Vice President of Operations  
(Title)  
November 21, 1981  
(Date)

OIL CONSERVATION COMMISSION

JAN 5 1982

APPROVED  
BY *W. A. Susott*  
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in a recompleted well.