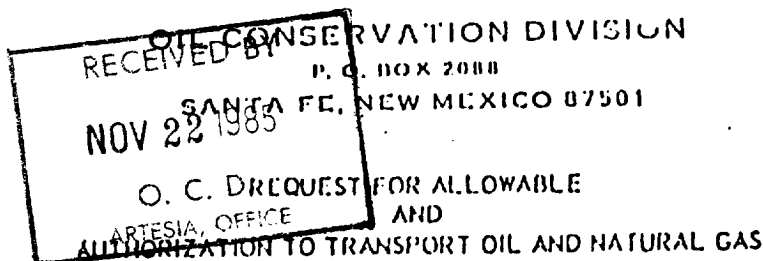


STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	



I. OPERATOR
Harvey E. Yates Company ✓
Address
Box 1933, Roswell, NM 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☒ ADD
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Can-Ken "4" Federal	Well No. 1	Pool Name, Including Formation Wildcat Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-28095
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 of Section <u>4</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159 Apt. 2121 88210</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2197, Houston, TX 77252</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>4</u>	Twp. <u>18S</u>	Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u>	When <u>10-17-85</u> <u>11-9-85</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<u>Post ID-3</u>			
					<u>11-29-85</u>			
					<u>Add GT: CAN</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 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Stephen R. Lake
(Signature)

Petroleum Engineer

(Title)

11-21-85

(Date)

OIL CONSERVATION DIVISION

NOV 26 1985

APPROVED _____, 19____

BY _____
Original Signed By
Les A. Clements

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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.