

OIL CONSERVATION DIVISION

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O. C. D.
ARTESIA, OFFICEP. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

Address

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Mesquite 2 State

Well No.

1

Pool Name, Including Formation

TAMANO-BONE SPRING

Kind of Lease

State, Federal or Fee State

Lease No.

LG-8368

Location

Unit Letter O : 660 Feet From The South Line and 1980 Feet From The EastLine of Section 2 Township 18S Range 31E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Refining

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐ 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.	Rge.
0	2	18	31

Is gas actually connected? When

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X		X					

Date Spudded
1-13-85Date Compl. Ready to Prod.
3-11-85Total Depth
9065P.B.T.D.
8833Elevations (DF, RAB, RT, GR, etc.)
3773.3 GLName of Producing Formation
Bone SpringsTop Oil/Gas Pay
8124'Tubing Depth
8721Perforations
8124' to 8646'Depth Casing Shoe
9065

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	618'	500 SXs
11	8 5/8	2650'	1225 SXs
7 7/8	5 1/2	9065	1375 SXs

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
3/9/85Date of Test
3/19/85Producing Method (Flow, pump, gas lift, etc.)
Pump (2" X 1 1/4" X 20' X 24')Length of Test
24 hours

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

102

140 - Load Water

78

GOR 765:1

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
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED APR 1 1985, 19BY Original Signed By
Les A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 1101.

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 allow-
able 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 multiple
completed wells.

Hayne Collis

(Signature)

Regulatory Administrator

(Title)

March 21, 1985

(Date)