	STATE OF NEW MEXICO RIGY AND MINERALS DEPARTMENT	-			Form C-104 Revised 10-1-78	
. 190. 	••• •• Lieus sitense	OIL CONSERVA		N		
	01614/011004	ECEIVED BANTA FE, NEW	V MEXICO 87501			
	NOV 25 1985 REDUEST FOR ALLOWABLE					
1.	OFFINATION OFFICE OFFICE					
	Harvey E. Yates Company					
	Box 1933, Roswell, NM 88201					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of: Recompletion Cit Dry Cas Cas Explanation of Gas Disposition					
	Change In Ownership Casingheod Gas Condensate					
	If change of ownership give name and address of previous owner			<u></u>		
		I FASE				
н.	DESCRIPTION OF WELL AND	amano		Kind of Lease State, Federal	or Fee State LG-8368	
	Mesquite 2 State	1   Wildcat Bone	Springs		or Foo State   LG-8368	<u> </u>
	Unit Letter0 :660 Feet From The South Line and1980 Feet From The East					
	Line of Section 2 T. Moshlp 185 Range 31E , NMPM, Eddy County					
		TED OF OUL AND NATURAL GA	l C			
н.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Asidiess (Give address	o which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas 📄 or Dry Gas 🗌	Address (Give address )	to which approv	ed copy of this form is to be sent)	
	Used on Lease.		Is gas actually connects	ed? Whe	Λ	
	li well produces oil or liquids, cive location of tarks. 0 2 18 31 NO 1					
	If this production is commingled with that from any other lease or pool, give commingling order number:					
· <b>· ·</b> ·	COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workever	Deepen	Plug Back   Same ites'v. Dill. Res	'v.
	Designate Type of Comptete	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
		Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Politonon		<u> </u>	Depth Casing Shoe	
	Perforations					
			CEMENTING RECORD		SACKS CEMENT	
	HOLESIZE	CASING & TUBING SIZE	DEPTHS	<u> </u>		
					· · · · · · · · · · · · · · · · · · ·	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of social volume of load oil and must be equal to or exceed top allou- able for this depth or be for full 24 hours)					
	OIL WFLL Date First New Oil Run To Tonks	Date of Test	Producing Method (Fiou	i, pump, gas liji	i, etc.)	
	Length of Test	Tubing Pressure	Cosing Pressure		Choxe Size	
	Actual Fred. During Test	Cil-iple.	Water-Bbls.		Cas-MCF	
					<u>.</u>	
	GAS WELL			<u></u>	Gravity of Condensate	
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condenscie/A84C	F	Cidvity of Condensate	
	Testing wethod (pitor, back pr.)	Tubing Presews (Stut-in)	Cusing Presaure (Shut	-in)	Choke Size	
л.	CERTIFICATE OF COMPLIAN	<u> </u>		ONSERVAT	ION DIVISION	
			APPROVED		. 19	
	I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY FOR RECORD ONLY (106)			
	Cic n DA		TITLE			
	XIII D KI		This form is to be filed in compliance with HULE 1104. If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompanies with MULE 111. All sections of this form must be filled out completely for allow- while on new and recompleted walls. Fill out only Sections I. II. III, and VI for changes of owner well neves or number, or transporter, or other such the age of condition- herperate 1 onna C-104 must be filled for each pool in multiple.			
	Signature)					
	Petroleum Engineer					
	(1)					
		interprete forma contra non transmission and the second se				