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LAND OFFICE	
TRANSPORTER	
UNIT	
DAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

RECEIVED BY
APR 11 1985
O. C. D. REQUEST FOR ALLOWABLE AND
ARTESIA OFFICE

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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	<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"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-1-85
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED
BY # 2-716

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Power Deep 32 State	1	Und. Bone Springs	State, Federal or Fee <u>Federal</u> LG	6139
Location				
Unit Letter	L	: 2030 Feet From The	South Line and 660 Feet From The	West
Line of Section	32	T. wship	17S	Range 31E
			NADIM,	Eddy
			County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P. O. Box 159, Artesia, NM 88201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Is gas actually connected?	When
	L	32	17S	31E		

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

III. 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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
11/10/84	3/28/85		11,770			8000		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3703' GL	Bone Springs		7742'			7982		
Perforations						Depth Casing Shoe		
7742' to 7926'						9611'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	608'	500 SXS
11	8 5/8	3622'	1400 SXS
7 7/8	5 1/2	9611'	550 SXS
	2 3/8	7982	

IV. 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.)	
3/29/85	4/8/85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	25	23 Load Water	TSTM

Post ID-2
4-19-85
Camp & BK

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

V. 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.

A. M. Yates
(Signature)

Drilling Superintendent
(Title)April 10, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 17 1985, 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 change of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple completed wells.