

OIL CONSERVATION DIVISION

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O. C. D. REQUEST FOR ALLOWABLE AND ARTESIA OFFICE

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| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| UNIT GAS | <input checked="" type="checkbox"/> |
| OPERATION | |
| PRODUCTION OFFICE | |
| Operator | |

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
O. C. D. REQUEST FOR ALLOWABLE AND ARTESIA OFFICE 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) | | | Other (Please explain) | |
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | | CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>7-1-85</u> UNLESS AN EXCEPTION TO: <u>RULE 306 IS OBTAINED</u> EY # 2-716 |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |

If change of ownership give name and address of previous owner _____

II. 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 Free Federal LG | 6139 |
| Location | | | | |
| Unit Letter | | Feet From The | Line and | Feet From The |
| L | 2030 | South | 660 | West |
| Line of Section | T. wnship | Range | , NMPM, Eddy County | |
| 32 | 17S | 31E | | |

III. 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: _____

IV. 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 | | 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, RKB, 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 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

| | | | |
|---------------------------------|-----------------|---|------------|
| 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 |
| | | | |

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.

A.M. Yates
(Signature)

Drilling Superintendent

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 changes 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.