

## OIL CONSERVATION DIVISION

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TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
APR 11 1985  
O. C. D. REQUEST FOR ALLOWABLE  
AND  
ARTESIA OFFICE

I. OPERATOR  
Operator  
Harvey E. Yates Company  
Address  
P. O. Box 1933, Roswell, New Mexico 88201  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLOWED AFTER 6-26-85  
UNLESS AN EXCEPTION TO:  
RULE 306 IS OBTAINED

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo 4 Federal	Well No. 1	Pool Name, including formation Und. Bone Springs	Kind of Lease State, Federal or Fed. LC	Lease No. 029389-B
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	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 <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 F	Sec. 4	Twp. 18S	Rge. 31E	Is gas actually connected? No	When

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/4/85	Date Compl. Ready to Prod. 4/6/85	Total Depth 12,030	P.B.T.D. 8525'						
Elevations (DF, RKB, RT, GR, etc.) 3733.4 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8080	Tubing Depth 7990						
Perforations 8250' to 8080'; 8356' to 8301'	Depth Casing Shoe 12030								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
17 1/2	13 3/8	754'	675 SXS						
11	8 5/8	5000'	2450 SXS						
7 7/8	5 1/2	12030'	1925 SXS						
	2 3/8	7990							

## 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/8/85	Date of Test 4/9/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100#	Casing Pressure	Choke Size 32/64"
Actual Prod. During Test	Oil - bbls. 211	Water - Bbls. 223 Load Water	Gas - MCF TSTM

## 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.

Drilling Superintendent

April 10, 1985

## OIL CONSERVATION DIVISION

APR 26 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Original Signed By

Mike Williams

TITLE \_\_\_\_\_ Oil &amp; Gas Inspector

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.