

OIL CONSERVATION DIVISION

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

AUG 21 1985

O. C. D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PERMITTING 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
FLARED AFTER 9-21-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hondo 4 Federal</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>029389B</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>4</u> T. <u>18S</u> Range <u>31E</u> , NMPM, <u>Lea</u> <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 589, Artesia, New Mexico</u>
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 <u>F</u> Sec. <u>4</u> Twp. <u>18S</u> Rge. <u>31E</u> Is gas actually connected? <u>No</u> 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>6/14/85</u>	Date Compl. Ready to Prod. <u>7/30/85</u>		Total Depth <u>8856</u>		P.B.T.D. <u>8653</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>3727.2 GL</u>	Name of Producing Formation <u>Bone Springs</u>		Top Oil/Gas Pay <u>8248</u>		Tubing Depth <u>8146</u>			
Perforations <u>8248-8391'</u>					Depth Casing Shoe <u>8855</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8</u>		<u>450</u>		<u>400 SXS</u>			
<u>11"</u>	<u>8 5/8</u>		<u>2101</u>		<u>1975 SXS</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>8855</u>		<u>1465 SXS</u>			

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

Date First New Oil Run To Tanks <u>7/31/85</u>	Date of Test <u>7/31/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>140#</u>	Casing Pressure <u>-0-</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test <u>266 bbls</u>	Oil - Bbls. <u>241 bbls</u>	Water - Bbls. <u>25 bbls 1d wtr</u>	Gas - MCF <u>223-mcf</u>

8-23-85
Comp + AK
GOR 925.1

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

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.

N. M. Young
(Signature)
Drilling Superintendent
(Title)
8/6/85
(Date)

OIL CONSERVATION DIVISION

AUG 21 1985

APPROVED _____, 19____
Original Signed By
BY _____
Supervisor District II

TITLE _____

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 multiply completed wells.