

OIL CONSERVATION DIVISION

DATE OF FILING	
FILE	
LAND OFFICE	
TRANSPORTER	
OPERATION OFFICE	

RECEIVED BY
DEC -9 1985
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 2-1-86

EXCESS AN EXCEPTION FROM

THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mesquite 3 Federal	2	Und. Bone Spring	State, Federal or Fee Federal	LC-062052
Location				
Unit Letter	L	Feet From The	West	Line and 2130'
Line of Section		3	T. nship	18S
		Range	31E	NMPM, Eddy
		County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	P. O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Conoco	P. O. Box 2197, Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	3	18	31	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same item	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/23/85	12/3/85	8904'	8840'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3737.9 GL	Bone Springs	8280'	8494'					
Perforations				Depth Casing Shoe				
8280-8287								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	416'	410 sxs
11	8 5/8	2140'	850 sxs
7 7/8	5 1/2	8904'	300 sxs
	2 7/8	8494'	

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)

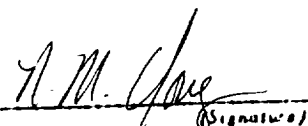
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	Choke Size
11/28/85	12/03/85	Pumping	N/A
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
24 hours	Pumping	N/A	72.5
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
	85	46	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Drilling Superintendent

December 6, 1985

OIL CONSERVATION DIVISION

APPROVED DEC 30 1985

Original Signed By
Lee A. ClementsTITLE
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 filled for each pool in multiple completions.