

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES OF THIS FORM	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
US 400	
LEAD OFFICE	
TRANSPORTER	☒
OPERATION	☒
PERMITS OFFICE	☒
CRIMINAL	

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 3-10-86
UNLESS AN EXCEPTION TO:
RULE 306 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 2 State	3	Tamano-Bone Springs	State, Federal or Fee	State LG-8368
Location	Unit Letter	J	1980	Feet From The South
		Line and	1980	Feet From The East
Line of Section	2	Township	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)					
Pride Pipeline Co	P. O. Box 3818, Midland, Texas 79702					
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, Inc.	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
	J	2	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	Some other	Diff. Res.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11/16/85	12/30/85	9025	8695					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3780' GL	Bone Springs	8492	8638					
Perforations			Depth Casing Shoe					
8492-8596								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	358'	30350 SXS
11"	8 5/8"	2275'	900 SXS
7 7/8"	5 1/2"	9025'	1275 SXS
7 7/8"	2 3/8"	8638'	

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 oil
able 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
1-1-86	1-7-86	Pumping	N/A
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
24 hours	N/A	N/A	72
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
	86	35	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pt.)	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.

Drilling Superintendent

January 10, 1986

OIL CONSERVATION DIVISION

JAN 16 1986

APPROVED _____

BY _____

TITLE _____

Original Signed By

Les A. Clemens

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 deeper
well, this form must be accompanied by a tabulation of the desired
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multi-
completed wells.