STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

RECEIVED BY
FEB 14 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Distribution		
Santa Fe	✓	
File	✓	✓
U.S.G.S.		
Land Office		
Transporter — Oil	✓	
Transporter — Gas	✓	
Operator	✓	
Proration Office		

Operator: Harvey E. Yates Company

Address: PO Box 1933 Roswell, New Mexico 88201

Reason(s) for Filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

CASINGHEAD GAS MUST NOT BE PLACED AFTER 3-24-86 UNLESS 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.
Loco Sand Hills 9 Federal	1	Wildcat-Bone Springs	State, Federal or Fee Federal	NM-26385

Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 9 Township 18S Range 30 E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P.O.Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	P.O. Box 1959, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	9	18	30	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 Res'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-29-85	2-10-86	9240	8625
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3496 GL	Bone Springs	7142	7062
Perforations			**Depth Casing Shoe**
7142-8220			9240

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	305	300sks
11	8 5/8	1512	800 sks
7 7/8	5 1/2	9240	1740 sks
	2 3/8	7062	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Test ID-2 2-21-86 Comp + BK

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-4-86	2-7-86	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	80	0	1/2
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	130	170	107

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

(Signature)

Drilling Superintendent
(Title)

2-12-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 21 1986, 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.

Original signed by
Jay A. Clemens
Supervisor Steward II