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 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

DEC 14 1989

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.

**I.**

Operator Harvey E. Yates Company	Well API No. 30-015-25695
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2/28/90</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Scribner 5 Federal	Well No. #1	Pool Name, Including Formation North Shugart-Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-42811
Location Unit Letter <u>H</u> : <u>660</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>North</u> Line Section <u>5</u> Township <u>18S</u> Range <u>31E</u> , NMPM, Eddy 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"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 2197, Houston, Texas 77252
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	H   5   18   31   No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
(X)	XX		XX					
Date Spudded 10/24/89	Date Compl. Ready to Prod. 12/7/89	Total Depth 8769		P.B.T.D. 8510				
Elevations (DF, RKB, RT, GR, etc.) 3706.3 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8107		Tubing Depth 7913 7907		Depth Casing Shoe 8769		
Perforations 8107-8322								
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8	350		375 Post ID-2				
12 1/4	8 5/8	2020		1050 12-29-89				
7 7/8	5 1/2	8769		1450 comp + BK				
	2 3/8	7907						

**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 Tank 12/7/89	Date of Test 12/10/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 168	Oil - Bbls. 96	Water - Bbls. 73	Gas - MCF 120

**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. OPERATOR 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 NM Young Drilling Superintendent  
 Printed Name NM Young Title  
 Date 12/12/89 Telephone No. (505) 623-6601

**OIL CONSERVATION DIVISION**

Date Approved DEC 26 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
 Title SUPERVISOR, DISTRICT II

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
  - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.