

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

SEP 22 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTISAN, OFFICE

I. Operator  
Harvey E. Yates Company ✓

Address  
P.O. Box 1933, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11/22/88  
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 Parker "5" Federal	Well No. #1	Pool Name, including Formation N. Shugart-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-68040
Location Unit Letter M : 330 Feet From The South Line and 530 Feet From The West Line of Section 5 Township 18S Range 31E, 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit : M Sec. : 5 Twp. : 18 Rge. : 31 Is gas actually connected? No When

Part ID-2  
9-30-88  
Camp & BH

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

N.M. Young  
(Signature)  
Drilling Superintendent  
(Title)  
September 20, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 23 1988  
BY Original Signed By  
Mike Williams  
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 Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/9/88	Date Compl. Ready to Prod. 9/17/88	Total Depth 8510			P.B.T.D. 8424			
Elevations (DF, RKB, RT, GR, etc.) 3666.6 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8001			Tubing Depth 7902			
Perforations 8001-8311					Depth Casing Shoe 8510			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		366		385			
12 1/4	8 5/8		1978		1100			
7 7/8	5 1/2		8510		1475			
	2 3/8		7902					

#### V. 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)

Date First New Oil Run To Tanks 9/18/88	Date of Test 9/19/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 418	Oil - Bbls. 245	Water - Bbls. 173	Gas - MCF 208

#### 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