

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 08-01-83  
Page 1

SEP 30 1988

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

APPROPRIATE OFFICE

I.

Operator  
Harvey E. Yates Company ✓

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12/5/88  
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 FMS 8 FEDERAL	Well No. 1	Pool Name, including Formation North Shugart Bone Spring	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-33437
Location Unit Letter <u>A</u> / <u>635</u> Feet From The <u>North</u> Line and <u>685</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>18S</u> Range <u>31E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

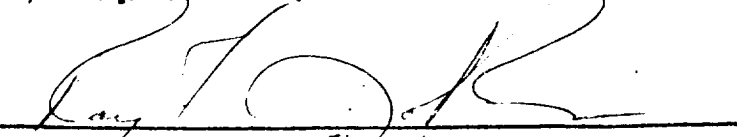
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Fride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input 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 2197, Houston, Texas 77252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> when No

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.

  
(Signature)  
Production Manager/Engineer  
(Title)  
9-30-88  
(Date) skh

OIL CONSERVATION DIVISION

SEP 30 1988

APPROVED: \_\_\_\_\_, 19

BY: \_\_\_\_\_ Original Signed By

TITLE: \_\_\_\_\_ Mike Williams

This form is to be filled 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 filled for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 7-13-88	Date Compl. Ready to Prod. 8-31-88		Total Depth 8970		P.B.T.D. 7850				
Elevations (DF, RKB, RT, CR, etc.) 3701.5 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7700		Tubing Depth 7610				
Perforations 7700 - 7712 (OA)							Depth Casing Shoe 8970		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13 3/8		358		350 SXS, Circ				
11"	8 5/8		2060		1000 SXS + 1" to surface				
7 7/8"	5 1/2		8970		1800 SXS TOC 2580				
	2 3/8		7610						

#### 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 9-6-88	Date of Test 9-30-88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4	Tubing Pressure 490#	Casing Pressure 0	Choke Size 16/64
Actual Prod. During Test 76 BO	Oil - Bbls. 76	Water - Bbls. 4	Gas - MCF NA

#### 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