Form 3160-4
(November 1983)
(formerly 9-330)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

dsf

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE (See other instructions on reverse side)

RECEIVED
MAR 29 11 02 AM '89
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM-33437
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: PMS 8 Federal
9. WELL NO.: #2
10. FIELD AND POOL, OR WILDCAT: North Sugart Bone Spring
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 8, T18S, R31E

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other
b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: Harvey E. Yates Company
3. ADDRESS OF OPERATOR: P.O. Box 1933, Roswell, New Mexico 88202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface: 660' FNL & 1650' FWL
At top prod. interval reported below
At total depth: same

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
30-015-26060	1/26/89	Eddy	NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
1/31/89	2/21/89	3/8/89	3692.1 GL	3692.1 GL

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
8561	8527		→	All	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 8075-8343 Bone Spring

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: DII w/Micro & D-N w/GR

27. WAS WELL CORED: No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	54.5	370	17 1/2	375 sks 'C' w/2% CaCl	Circ to surface
8 5/8	32 & 24	2065	12 1/4	1100 filler & 200 tail	Circ to surface
5 1/2	17	8561	7 7/8	1100 filler & 300 tail	TOC @ 2670

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	7981	TA @ 7545

31. PERFORATION RECORD (Interval, size and number)
8075-8343 2 spf/.38" diam
total of 18 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8075-8343	Acid w/4300 gals 7 1/2% & BS Frac w/125,000 gals BS-45 w/ 90,000# 16/20 Carbo-Lite

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
3/9/89	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3/14/89	24			142	124	98	873

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
-	-		142	124	98	38

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): used on lease
TEST WITNESSED BY: Ray Coor

35. LIST OF ATTACHMENTS: deviation survey & E-logs

ACCEPTED FOR RECORD
SJS
MAR 27 1989
CARLSBAD, NEW MEXICO

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED NM Young TITLE Drilling Superintendent DATE 3/16/89

*(See Instructions and Spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Rd Bd	0	500	
Salt & Anhy	500	2000	
Dolo & Sand	2000	4400	
Sand	4400	5100	
Dolo & Lime	5100	7200	
Sand & Dolo	7200	7600	
Dolo	7600	8000	
Sand	8000	8560	
		8560 TD	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	518	518
Yates	1930	1930
7 Rivers	2343	2343
Bowers	2795	2795
Queen	3042	3042
Penrose	3260	3260
Grayburg	3537	3537
San Andres	3968	3968
Delaware	4400	4400
Bone Spring	5045	5045
TD	8560	8560

Harvey E. Yates Company
PMS 8 Federal #2
Eddy County, N.M.

MAR 13 1989

STATE OF NEW MEXICO
DEVIATION REPORT

370	3/4
851	1 1/4
1350	1
2065	1
2565	3/4
3062	1/2
3560	3/4
4058	1/2
4553	3/4
4593	1/2
4790	1
5049	1
5064	1/2
5350	2 3/4
5475	3 3/4
5598	3 1/4
5846	2 3/4
6081	2 1/2
6325	2 1/4
6868	1/2
7380	1 1/4
7750	3/4
8249	1/2
8551	1/2
8561	1/2

RECEIVED
MAR 29 '89
O. C. D.
ARTESIA, OFFICE

By: Ray Peterson

STATE OF TEXAS)

COUNTY OF MIDLAND)

The foregoing instrument was acknowledged before me this 6th day of March, 1989, by Ray Peterson on behalf of Peterson Drilling Company.

Notary Public for Midland County, Texas

My Commission expires: 8/2/92

ALICE KEEL
Notary Public, State of Texas
My Comm. Expires: 8-2-92

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
MAR 29 '89
O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Harvey E. Yates Company	30-015-26060

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

Reason(s) for Filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Operator [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain) [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
PMS 8 Federal	2	North Shugart Bone Springs	State, (Federal) or Fee	NM-33437

Location
Unit Letter C : 660 Feet From The North Line and 1650 Feet From The West Line
Section 8 Township 18S Range 31E , NMPM, Eddy County

III. 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	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 2197, Houston, Texas 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	A	8	18	31	Yes	3/16/89

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
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/31/89	3/8/89	8561	8527
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3692.1 GL	Bone Springs	8075	7981
Perforations			**Depth Casing Shoe**
8075-8343			8561

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	370	375 'C'
12 1/4	8 5/8	2065	1300
7 7/8	5 1/2	8561	1400
	2 3/8	7981	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/9/89	3/14/89	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	Ø	Ø	Ø
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
240	142	98	124

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**

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.

NM Young — Drilling Superintendent
Signature — Printed Name — Title

3/16/89 — (505) 623-6601
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.