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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

MAR 20 '89

O. C. O.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name PMS 8 Federal	Well No. 2	Pool Name, Including Formation North Shugart Bone Springs	Kind of Lease State, (Federal) or Fee	Lease No. 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline	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.	Unit A	Sec. 8
	Twp. 18	Rge. 31
	Is gas actually connected? Yes	
	When? 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/31/89	Date Compl. Ready to Prod. 3/8/89	Total Depth 8561		P.B.T.D. 8527				
Elevations (DF, RKB, RT, GR, etc.) 3692.1 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8075		Tubing Depth 7981			
Perforations 8075-8343					Depth Casing Shoe 8561			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2	CASING & TUBING SIZE 13 3/8		DEPTH SET 370		SACKS CEMENT 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 3/9/89	Date of Test 3/14/89	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 240	Oil - Bbls. 142	Water - Bbls. 98	Gas - MCF 124

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
Printed Name
3/16/89
Date

Drilling Superintendent
(505) 623-6601
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 24 1989

By Original Signed By
Mike Williams

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.