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., Ariec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department proplyED

Form C-104 Revised 1-1-89 See Instructions JAN 31 '90 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-615-26060 Operator Harvey E. Yates Company Address Box 1933, Roswell, New Mexico 88202 Other (Please explain) Reason(s) for Filing (Check proper box) Effective: Mid- Teb. 90 Change in Transporter of New Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Lease No. Kind of Lease Well No. Lease Name State, Federal or Fee Musa PMS Location Line Feet From The Unit Letter County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil [] Box 2436, Abilene, Texas Pride Operating Company P.O. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Тур When ? le gas actually connected? If well produces oil or liquids, give location of tanks. Rge. Unit If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Din Res'y Deepen New Well | Workover Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, SR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET HOLE SIZE TEST DATA AND REQUES'T FOR ALLOWABLE muss be equal to or exceed sop allowable for this depth or be for full 24 hours.) (Test must be after recovery of total volume of load of OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Cas- MCI Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MEF ength of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shul-in) Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation 33 1 1 18 20 Division have been complied with and that the information given above

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

<u>Production Analust</u>

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

Signature Sharon Hil

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Date Approved __

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505-623-6601

- 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.