

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
RECEIVED
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

CLSF
WT
GT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. ARTESIA OFFICE

Operator
Harvey E. Yates Co. ✓

Well API No.
31-015 26018

Address
P.O. Box 1933 Roswell, N.M. 88202

Reason(s) for Filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Parker 5 Federal

Well No.
2

Pool Name, Including Formation
N. Shugart Bone Springs

Kind of Lease
State, Federal or Fee

Lease No.
NM 68040

Location
Unit Letter N : 660 Feet From The South Line and 1650 Feet From The West Line
Section 5 Township 18-S Range 31-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pride

Address (Give address to which approved copy of this form is to be sent)
Harvey E. Yates Co.

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Conoco

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1933 Roswell, N.M. 88202

If well produces oil or liquids, give location of tanks.

Unit
M

Sec.
5

Twp.
18

Rge.
31

Is gas actually connected?
Yes

When?
5-19-89

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)
XX

Oil Well
XX

Gas Well

New Well
XX

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

Date Spudded
5-6-89

Date Compl. Ready to Prod.
6-18-89

Total Depth
8506

P.B.T.D.
8454

Elevations (DF, RKB, RT, GR, etc.)
3690.7 G.L.

Name of Producing Formation
Bone Springs

Top Oil/Gas Pay
8023

Tubing Depth
7933 7925

Perforations
8023-8331

Depth Casing Shoe
8506

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE
17 1/2
12 1/4
7 7/8

CASING & TUBING SIZE
13 3/8
8 5/8
5 1/2
2 3/8

DEPTH SET
350
2014
8506
7925

SACKS CEMENT
415
1400
1650

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
6-18-89

Date of Test
6-19-89

Producing Method (Flow, pump, gas lift, etc.)
Pumping

Length of Test
24 hours

Tubing Pressure
ø

Casing Pressure
ø

Choke Size
ø

Actual Prod. During Test
339

Oil - Bbls.
248

Water - Bbls.
91

Gas - MCF
211

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

Drilling Superintendent

Printed Name
6-22-89

Title
623-6601

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 26 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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.