

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

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

RECEIVED

RECEIVED

JUL 19 '89

JUL 19 1989

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company		Well API No. 30-015-26127
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: <input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CAPROLATED GAS MUST NOT BE 9/28/89
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. #3	Pool Name, Including Formation North Shugart-Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM-33437
Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>8</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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 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.	Unit P	Sec. 8
	Twp. 18	Rge. 31
	Is gas actually connected? No	When? -

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 6/3/89	Date Compl. Ready to Prod. 7/11/89		Total Depth 8571		P.B.T.D. 8530			
Elevations (DF, RKB, RT, GR, etc.) 3656.0 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8139		Tubing Depth 7880-7985			
Perforations 8139-8384					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		370		500 Post ID-2			
12 1/4	8 5/8		2065		2250 7-28-89			
7 7/8	5 1/2		8571		1575 comp & BK			
	2 3/8		7880					

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 Rns To Tank 7/12/89	Date of Test 7/13/89	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 376	Oil - Bbls. 217	Water - Bbls. 159	Gas- MCF 240

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Drlg Superintendent

Printed Name July 13, 3989 (505) 623-6601

Date July 13, 3989 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.