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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  
E y, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

SEP 12 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator Harvey E. Yates Company	Well API No. 30-015-26153
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	
CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/29/89 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parker 5 Federal	Well No. #3	Pool Name, Including Formation North Shugart Bone Springs	Kind of Lease State (Federal) or Fee	Lease No. NM-68040
Location Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line Section 5 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 1959, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 5
	Twp. 18	Rge. 31
	Is gas actually connected?	When ?
	No	

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 7/26/89	Date Compl. Ready to Prod. 9/3/89	Total Depth 8460		P.B.T.D. 8400				
Elevations (DF, RKB, RT, GR, etc.) 3660 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7940		Tubing Depth 7740 7734			
Perforations 7940-8281			Depth Casing Shoe 8460					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		362		375 Post ID-2			
12 1/4	8 5/8		2006		1400 9-29-89			
7 7/8	5 1/2		8460		1225 comp & BK			
	2 3/8		7740 7734					

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 9/5/89	Date of Test 9/6/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure n/a	Casing Pressure n/a	Choke Size n/a
Actual Prod. During Test 241	Oil - Bbls. 229	Water - Bbls. 12	Gas - MCF 200,000

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 by O.T.  
Printed Name NM Young Drlg Superintendent  
Date 9/8/89 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved SEP 26 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.

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