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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

NOV 16 '89

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Q. C. D.  
ARTESIA OFFICE

I.

Operator Harvey E. Yates Company	Well API No. 30-015-26197
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) 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	

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 1/21/90  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco 5 Federal	Well No. #1	Pool Name, Including Formation North Shugart Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-68038
Location Unit Letter <u>E</u> : <u>1700</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line Section <u>5</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 Pride Pipeline Company	or Condensate <input type="checkbox"/>	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 Conoco, Inc.	or Dry Gas <input type="checkbox"/>	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 <u>E</u>	Sec. <u>5</u>	Twp. <u>18</u>	Rge. <u>31</u>	Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>10/3/89</u>	Date Compl. Ready to Prod. <u>11/8/89</u>		Total Depth <u>8374</u>		P.B.T.D. <u>8317</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3670.3 GL</u>	Name of Producing Formation <u>Bone Springs</u>		Top Oil/Gas Pay <u>8017</u>		Tubing Depth <u>7841</u>			
Perforations <u>8017-8230</u>					Depth Casing Shoe <u>8374</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8</u>		<u>300</u>		<u>375 sks Post ID-2</u>			
<u>12 1/4</u>	<u>8 5/8</u>		<u>1969</u>		<u>950 sks 11-24-89</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>8374</u>		<u>1500 sks comp &amp; BK</u>			
	<u>2 3/8</u>		<u>7841</u>					

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 <u>11/9/89</u>	Date of Test <u>11/13/89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>228</u>	Oil - Bbls. <u>133</u>	Water - Bbls. <u>95</u>	Gas - MCF <u>150</u>

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 Mike Williams  
Printed Name NM Young Drilling Superintendent Title  
Date 11/14/89 (505) 623-6601 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 20 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.

THE B. I. W. IS OBTAINED  
FROM THE EXERCISE OF  
THE RIGHT OF THE  
STATE OF NEW YORK  
IN THE YEAR 1860