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

Revised 1-1-89 RECEIVED See Instructions at Bottom of Page

DISTRICT II
20. Drawer DD, Anesia, NM 88210

DISTRICT III .000 Rio Brazos Rd., Aziec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

FEB -1 '90

Ox C. D.

Harvey E. Vates Company   Harvey E. Vates Company   Harvey E. Vates Company	, .•	TOTR	ANSP	ORT OIL	AND NA	TURAL GA		ARTESIA,	DEFICE		
Comparison   Com	Openior Harvey E. Yates Compa	any					Well	API No.		İ	
Change in Present   Change in Transporter of:   Change in Transporter of:   2000 bbl test allowable   Change in Open of:   2000 bbl test allowable   2000 bbl test allowable   Change in Open of:   2000 bbl test allowable   2000 bb	Address			00202							
Cause in Transporter of Congress   Cause planed Gas   Condensite   C		swell, New M	exico	88202	75 1 AL	on (Disease seeds	Z., 1				
Later Name   Conference   Con		Change	ia Trans	neter of	₹ Oru	es (riease expia	in)				
Consideration   Consideratio		· · ·	_ `			2000 551	toet s	11owah1			
Company operator give name   Address of provided operator	· —	· -		_				TTOWADIC	1		
And address of previous operators  AMD DESCRIPTION OF WELL AND LEASE  AND DESCRIPTION OF WELL AND LEASE  AND DESCRIPTION OF WELL AND LEASE  Use of Special #2 North Shugart-Rone Springs Kind of Lease  Arco 5 Federal #2 North Shugart-Rone Springs Kind of Lease  Not Lease Control of Springs State, Federal or Fee North Shugart-Rone Springs  Use of Addonard Transporter of Control of Transporter of Transporter of Control of Cont		Canagness On [	_ COLIGE	1100 L		IN. I	770				
Lease No.   Arroo 5   Federal   #2   North Shugart-Bone Springs   Kad of Lase No.   Nr-68038   Nr	ad address of previous operator	·· <u></u>						<u>,</u>			
Lease No.   Arroo 5   Federal   #2   North Shugart-Bone Springs   Kad of Lase No.   Nr-68038   Nr	T DESCRIPTION OF WELL.	AND LEASE									
Action   A								of Lease	L	Mase No.	
Country   Designation   Desi		#2		Contract Con			Federal or Fee	ral or Fee N1-68038			
Section 5 Township 18S Range 3IE NMPM. Eddy County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Varies of Audionated Transporer of Oil X Or Condensate The Audionated Transporer of Oil X Or Condensate The Audionated Transporer of Oil X Or Condensate The Audionated Transporer of Casinghead Gas X Or of Dry Gas Address to whick approved copy of this form is no be sent)  Price Pipel ine Company  or Condensate X Or of Dry Gas Address to whick approved copy of this form is no be sent)  Price Pipel Ine Company  or Dry Gas Address to whick approved copy of this form is no be sent)  Price Pipel Ine Company  Ornocco, Inc.  True I Repe Is gas examine address to whick approved copy of this form is no be sent)  Ornocco, Inc.  True I Repe Is gas examine address to whick approved copy of this form is no be sent)  Ornocco, Inc.  True I Repe Is gas examine address to whick approved copy of this form is no be sent)  Ornocco, Inc.  True I Repe Is gas examine address to whick approved copy of this form is no be sent)  Ornocco, Inc.  True I Repe Is gas examine address to whick approved copy of this form is no be sent)  Proceeding to repet the sent of the sent)  Ornocco, Inc.  True I Rep Is gas examine address to whick approved copy of this form is no be sent)  Proceeding the address to whick approved copy of this form is no be sent)  Proceeding the address to whick approved copy of this form is no be sent)  Proceeding the address to whick approved copy of this form is no be sent)  Proceeding the address to whick approved copy of this form is no be sent)  Proceeding the address to whick approved copy of this form is no be sent)  Proceeding the address to whick approved copy of this form is no be sent)  I when I was not company to the sent of the sent)  Proceeding the address to whick approved copy of this form is not be sent)  I when I was not company to the comming the sent of my house of the other and believe to the sent of my house of the other and believe to the sent of my house of the other and believe to the sent of	Location										
Section 5   Township   18S   Range   31F   NMPM   Eddy   County	C 2210 - North 2210								East	Line	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil   X  or Condensate	Section 5 Township	<u> 18S</u>	Range	31	E , N	MPM,			Eddy	County	
Name of Authorized Transporter of Oil   X  or Condensate	TO DESCRIPTION OF STRAIN	CDODTED OF	STE AN		242 140						
Pride Pipeline Company  Pride Pipeline  Pride Pipeline Company  Pride Pipeline  Pride				U NATUI	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be se	ni)	
Condition   Cond		ΙΔ.		لــا	P.O. B	0x 2436.	Abiler	ne. Texas	s 7960 <sup>4</sup>	<u>'</u>	
Twell produces oil or liquids.  Twell produces of walks.  Twell produces walks.  Twe			or Dry	Gas	Address (Giv	e address to wh	ick approved	copy of this fo	rm is to be se	(ايم:	
Value produces of oir liquids						P.O. Box 2197, Houston			s 77252	2	
This production is commissingled with that from any other lease or pool, give comminging order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Disconding the production of the completion of the	If well produces oil or liquids,	Unit Sec.				y connected?	When	7			
Designate Type of Completion - (X)  Designation - (X	rive location of tanks.	<del></del>									
Designate Type of Completion - (X)  Discognate T		from any other lease of	er pool, gi	ve commingli	ng order num	ber:				<del></del>	
Designate Type of Completion - (X) XX X	V. COMPLETION DATA	louw	<del></del>	C-+ W-11	Non Wall	Wadana	Desare	Diva Dack	Same Per'y	Diff Party	
Date Spudded:  1/18/89  Date Compl. Ready to Pred. 1/30/90  Date Compl. Ready to Pred. 1/30/90  Total Depth 8470  R470	Designate Type of Completion	~~	:11 [	Gas Well		WOIKOVET	Deeben	Link back	Patite Ket A	j i kesv	
12/18/89  12/18/89  12/18/89  13/30/90  12/18/89  13/30/90  14/30/90  14/30/		4111	to Prod.			I		P.B.T.D.			
Elevations (DF, RKS, RY, SR, stc.)  Bone Springs  Top Oil/Gas Pay 7736  Tubing Depth 74/91  Perforations 7736–8363  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  17 1/2  13 1/8  300  325  12 1/4  8 5/8  1960  1100  7 7/8  5 1/2  8/4/70  TEST DATA AND REQUEST FOR ALLOWABLE  DILL (Test must be after recovery of total volume of load oil and must be squal Brog exceed top allowable for this depth or be for full 24 hours.)  Date Fire New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Chaing Pressure  Choke Size  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Title  Supervisor. District 19.  Title  Supervisor. District 19.  Title  Supervisor. District 19.  Title  Supervisor. District 19.					8470			8415			
Verforstions 7736-8363  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  17 1/2  13 1/8  300  325  12 1/4  8 5/8  1960  1100  7 7/8  5 1/2  2 3/8  7491  7. TEST DATA AND REQUEST FOR ALLOWABLE  DILL WELL  (Test must be after recovery of total volume of load oil and must be squal to-or exceed top allowable for this depth or be for full 24 hours.)  Date Fire New Oil Run To Tank  Date of Test  Producing Method (Flow, pump. gas lift, stc.)  Casing Pressure  Choke Size  Choke Size  Water - Bbls.  GAS WELL  Actual Frod. Test - MCF/D  Testing Method (piton, back pr.)  Tubing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I bereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above it true and complete to the best of my knowledge and belief.  Signature  MY Young  Drig Superintendent  Tale  Superintendent  Title  Superince If  Superintendent  Title  Superince If  Superince If  Superince If  Adviced By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  Superince If  Title  Superince If  S	Elevations (DF, RKB, RT, GR, etc.)						Tubing Dept	h , 01			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING TUBING SIZE  DEPTH SET  3.48  3.00  3.25  12.1/4  8.5/8  1.960  1.100  7.7/8  5.1/2  8.470  1.350  7.491  7.48  5.1/2  8.470  1.350  7.491  7.48  7.491  7.48  5.1/2  8.470  1.350  7.491	3681.0 GL Bone Springs					7736					
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING TUBING SIZE  DEPTH SET  3ACKS CEMENT  17 1/2  13 1/8 300 325  12 1/4 8 5/8 1960 11,00  7 7/8 5 1/2 8470 1350  7 7/8 5 1/2 8470 1350  7 7/8 5 1/2 8470 1350  7 TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (Test must be after recovery of total volume of load oil and must be squal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Water - Bbls.  GAS-MCF  Gravity of Condensate  Water - Bbls.  GAS-MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 bereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief.  Date Approved  FEB 5 1990  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT 19	Perforations										
HOLE SIZE  CASING A TUBING SIZE  17 1/2  13 3/8  300  325  12 1/4  8 5/8  1960  1100  7 7/8  5 1/2  84/70  1350  7 7/8  7 7/8  5 1/2  84/70  1350  7 491  7. TEST DATA AND REQUEST FOR ALLOWARD  ILL WELL  (Test must be after recovery of total volume of load oil and must be squal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Date of Test  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Gas- MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 bereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief.  Prinsed Name  M. Young  Drig Superintendent  Title  Superinsente  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19									/0		
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12 1/4 8 5/8 1960 1100 7 7/8 5 1/2 84/70 1350 7 7/8 5 1/2 84/70 1350 7 7/8 1 23/8 7491 7. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure  Choke Size  Actual Prod. During Test Oil - Bbls.  GAS WELL  Actual Prod. Test - MCF/D Length of Test Bbls. Coadensate/MMCF Gravity of Coadensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Coaservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.  Pristed Name Table  1/31/90 (505) 623-6601  1990  1100 1100 1100 1100 1100 110	HOLE SIZE	CASING & TUBING SIZE									
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TEST DATA AND REQUEST FOR ALLOWABLE   Test must be after recovery of total volume of tood oil and must be equal to ar exceed top allowable for this depth or be for full 24 hours.)    Date First New Oil Rus To Tank	/_//8	31/2						1220			
DIL 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 of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  MMCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I bereby 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.  Date Approved  FEB 5 1990  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19	V TEST DATA AND RECUES	T FOR ALLOY	VABLE		$\overline{}$	7471		<u></u>			
Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  Chok	- · · · · · · · · · · · · · · · · · · ·	ecovery of total volum	e of load	oil and must	be equal to o	exceed top allo	wable for the	is depth or be j	or full 24 hou	rs.)	
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Actual Prod. During Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I bereby certify that the rules and regulations of the Oil Conservation  Division have been complete to the best of my knowledge and belief.  Signature  NM Yeving  Drlg Superintendent  Title  Title  Superivication  District 19											
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Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  NM Young  Drlg Superintendent  Title  1/31/90  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  FEB 5 1990  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR DISTRICT IF		I enoth of Test			Bbls. Conde	neate/MMCF		Gravity of C	ondensale		
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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.    OIL CONSERVATION DIVISION	Testing Method (pitot, back pr.)	Tubing Pressure (SI	nut-in)		Casing Press	ure (Shut-in)		Choke Size			
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  FEB 5 1990  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  1/31/90 (505) 623-6601  Title SUPERVISOR DISTRICT IF	I hereby certify that the rules and regulations of the Oil Conservation					OIL CON	ISERV	AHON	DIAIZIC	אוכ	
Signature  NM Young  Drlg Superintendent  Title  1/31/90  (505) 623-6601  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR DISTRICT IF	Division have been complied with and that the information given above				11			FFD	F 4004	n	
Signature  NM Young  Drlg Superintendent  Title  1/31/90  (505) 623-6601  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  SUPERVISOR DISTRICT IF	is true and complete to the best of my knowledge and belief.				Date	Approve	d	FEB	J 199	J	
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NM Young Drlg Superintendent Title  1/31/90 (505) 623-6601  Title SUPERVISOR DISTRICT IF		By ORIGINAL SIGNED				D BY	:				
Printed Name Title SUPERVISOR, DISTRICT 19	NM Young Drlg Superintendent					II •					
1/31/90 (505) 623-6601	Printed Name Title				44				STRICT I	!	
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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.