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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
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

MAY 30 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator Harvey E. Yates Company		Well API No. 30-015-26275	ARTESIA, OFFICE
Address P.O. Box 1933, Roswell, New Mexico 88202			
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator			
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate			
If change of operator give name and address of previous operator			
Casinghead GAS MUST NOT BE Request 2000 bbl test allowable 7/6/90 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mesquite 3 Federal	Well No. #3	Pool Name, including Formation North Shugart Bone Spring	Kind of Lease State (Federal) or Fee	Lease No. LC-029388D
Location Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line Section 3 Township 18S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co.	or Condensate	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	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit P Sec. 3 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 2/13/90	Date Compl. Ready to Prod. 5/15/90	Total Depth 10,400	P.B.T.D. 8450					
Elevations (DF, RKB, RT, GR, etc.) 3751.8 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8314	Tubing Depth 8430					
Perforations 8314-8430			Depth Casing Shoe 10,400					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	350'	375 Post ID-2					
12 1/4	8 5/8	2316	1000 6-8-90					
7 7/8	5 1/2	10400	600 comp + BX					
	2 3/8	8430						

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 5-16-90	Date of Test 5-21-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 70	Oil - Bbls. 25	Water - Bbls. 45	Gas - MCF 20

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 Drlg Superintendent
Printed Name _____ Title _____
Date _____ Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved MAY 29 1990
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.

RECEIVED

MAY 25 1990

CCC
HOBBS OFFICE