

OIL CONSERVATION DIVISION

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

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

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

SEP 14 1992

O. C. D.
Stamp Office

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|------------------------------|
| I. Operator Harvey E. Yates Company | | Well API No. 30-015-27055 |
| Address P.O. Box 1933, Roswell, N.M. 88202 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Request 4000 test allowable Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 800 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 Arco 8 Federal | Well No. # | Pool Name, Including Formation Und. Shugart B SP North | Kind of Lease State (Federal or Fee) | Lease No. LC-029393-A |
| Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 8 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 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 K | 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | XX | | XX | | | | | |
| Date Spudded 7/24/92 | Date Compl. Ready to Prod. 8/26/92 | | Total Depth 8620' | | P.B.T.D. 8566' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3675.6 GL | Name of Producing Formation Bone Spring | | Top Oil/Gas Pay 7964' | | Tubing Depth 7680' | | | |
| Perforations 7764-8442' (oa) Bone Spring | | | Depth Casing Shoe 8620' | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| 17 1/2 | | 13 3/8; 54.5# | | 350 | | 375 | | |
| 12 1/4 | | 8 5/8; 32# | | 2100 | | 1500 + 290 (1") | | |
| 7 7/8 | | 5 1/2; 17# | | 8620' | | 1800 | | |

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 8/26/92 | Date of Test 9/13/92 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 14 hrs | Tubing Pressure 220 | Casing Pressure 0 | Choke Size 20/64" |
| Actual Prod. During Test 267 | Oil - Bbls. 235 | Water - Bbls. 32 | Gas - MCF 295 Est. |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 Vickie Teel Drlg/Prod Analyst
Printed Name Vickie Teel Title
9/14/92 505/623-6601
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 14 1992

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.