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

DISTRICT II
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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

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

RECEIVED

SEP 10 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U. C. D.
Office

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 type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <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 12/8/92 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco 8 Federal	Well No. #1	Pool Name, Including Formation 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 (X) or Condensate 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 or Dry Gas CCH	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? 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) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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'					
Performances 7764-8442' (oa) Bone Spring			Depth Casing Shoe 8620'					

TUBING, CASING AND CEMENTING RECORD

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

Post FD-2 10-9-92 comp + RK

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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
Date 9/14/92 Telephone No. 505/623-6601

OIL CONSERVATION DIVISION

Date Approved OCT 9 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.