Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico gy, Minerals and Natural Resources Departme

HELEITEL

OIL CONSERVATION DIVISION

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

MAR 1. 9 1993

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DISTRICT III	32	inta re, New M	EXICO 67304-2006	C 1. D.	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUTHORIZAT	ION THE STATE OF	
I	TOTRA	ANSPORT OIL	AND NATURAL GAS	Well API No.	
Operator					
Harvey E. Yates Con	npany 🗸			30-015-27055	
Address P.O. Box 1933, Ros	swell, N.M.	88202			:
Reason(s) for Filing (Check proper box)			Other (Please explain)		
New Well	~ <u>~</u>	Transporter of:			1
Recompletion 📙		Dry Gas	Effective April	1, 1993	:
Change in Operator	Casinghead Gas	Condensate			
f change of operator give name and address of previous operator					
I. DESCRIPTION OF WELL	AND LEASE				
Lease Name	Well No.	· ·	-	Kind of Lease State, Federal or Fee 1 (-02930	The state of the s
Arco 8 Federal	#1	Shugart B	Bone Spring North	State, Federal or Fee LC-02939	137.H
Location K	1980		South Line and 1980	Feet From The West	Line
Unit Letter	- :	_ Feet From The	Journ Line and	Feet From The	
Section 8 Township	1 8S	Range 31E	, NMPM,	Eddy c	ounty
		** **** *! * ****	DIE GIE		
III. DESIGNATION OF TRAN	or Conde	IL AND NATU	RAL GAS Address (Give address to which a	pproved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	(X)			idland, Texas 79702	
Koch Trucking	zhead Gas X	or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
Name of Authorized Transporter of Casing	nead Gas	0, Di) 020	P.O. Box 2197, Ho	T 77050	
Conoco, Inc.	Unit Sec.	Twp. Rge.		When ?	
If well produces oil or liquids, give location of tanks.	1 K 8	118 31	Yes	9/18/92	
f this production is commingled with that f	1				
V. COMPLETION DATA				D. D	(Darker
Toron of Completion	Oil Well	Gas Well	New Well Workover De	eepen Plug Back Same Res'v Diff	r Res'y
Designate Type of Completion		Drod	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to) riod.	,		İ
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay	Tubing Depth	
,					
Perforations				Depth Casing Shoe	
	TIPDIO.	CASING AND	CEMENTING RECORD	<u>/ </u>	
UO E 6175	CASING A TU		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASITORIO	NOTICE OFFI			
					
. TEST DATA AND REQUES	T FOR ALLOW	ABLE	the second second laws by	for this depth or he for full 24 hours	
IL WELL (Test must be after re		of load oil and must	Producing Method (Flow, pump, 8	e for this depth or be for full 24 hours.) as lift, etc.)	
Date First New Oil Run To Tank	Date of Test		Homern's trients (1,100) but his		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
Establish of 10m				- 110F	
Actual Prod. During Test	Øil - Bbls.		Water - Bbls.	Gas- MCF	
GAS WELL				10 10 10	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
setting Method (pitot, back pr.)	Tubing Pressure (Shu	l-m)	Casing Ficeaute (onto in)		
	ATTE OF COM	T I A NICE			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSE	RVATION DIVISION		
I hereby certify that the rules and regula Division have been complied with and t	ations of the Oil Conser	vauon en above		ADD 12: F 4000	
is true and complete to the best of my k	nowledge and belief.		Date Approved _	APR @ 5 1993	
0			11		
Ciabio Lest		By • ORIGINAL SIGNED BY			
Signature		nd Analyst		7 1 A 1 P 1 P 1 A 1 A 1 A 2 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3	
Vickie Teel Printed Name	Drig/Pro	od Analyst Tide	II SUP	ERVISOR, DISTRICT IT	
2/26/93	505/623-		Title		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Dute

- 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.

Telephone No.

- 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.