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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company	NOV 25 1992	Well API No. 30-015-27130
Address P.O. Box 1933, Roswell, N.M. 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco 8 Federal	Well No. #2	Pool Name, including Formation Shugart Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LC-029393-A
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East 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 Pride Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Conoco, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 8	Twp. 18	Rge. 31	Is gas actually connected? Yes	When? 11/12/92

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 9/21/92	Date Compl. Ready to Prod. 11/7/92	Total Depth 8606'	P.B.T.D. 7710'					
Elevations (DF, RKB, RT, GR, etc.) 3675.2 GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7356'	Tubing Depth 7085' 7285'					
Perforations 7356-7503' (oa)	Depth Casing Shoe 8606'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 J55, 54.5#	370	375 Post ID-2
12 1/4	8 5/8 J55, 32#	2100	1050 1-22-93
7 7/8	5 1/2 J55, 17#	8606	1500 Amp & BK
	2 3/8	7085'	

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 11/9/92	Date of Test 11/11/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 255	Oil - Bbls. 115	Water - Bbls. 140 load	Gas - MCF 57

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 11/24/92 Telephone No. 505/623-6601

OIL CONSERVATION DIVISION

Date Approved JAN 12 1993
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.