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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 gy, Minerals and Natural Resources Departme

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	clsi
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DISTRICT III 1000 Rio Brizos Rd., Ariec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEQUI T	O TRA	NSF	PORT	OIL	AND NAT	URAL GA	AS					
Operator	TO TRANSPORT OIL AND NATURAL GAS							Well API No. 30-015-27130					
Harvey E. Yates Com	pany 🗸						10-015-27130						
Address													
P.O. Box 1933, Ros	well, N	.M.	8820	02		Other	t (Please expla	ainl					
Reason(s) for Filing (Check proper box)			T	moder o	.r.		i (r iewe esp.	,					
New Well	Oil	Change in	Dry (100			į	
Recompletion \Box	Casinghead					Effect	ive Apri	11,	199	13			
Change in Operator	Canapital												
address of previous operator	<u> </u>												
I. DESCRIPTION OF WELL	ND LEA	SE							Kind o	Lease	T L	esse No.	
Lease Name		Well No.	Pool	Name,	locludin v t Ri	g Formation	ing Nort		State, I	ederal or Fee	LC-02	29393-A	
Arco 8 Federal		#2		muga	1 6 1	one op.	<u> </u>						
Location 1	. 198	30	r	C T	. S	outh 1 in	and _ 1980	0	Fee	t From The _	<u>East</u>	Line	
Unit Letter	:	,,,	. reei	Prom 1	ne								
Section 8 Township	189	S	Rang	ge	31E	N	APM.			<u> </u>	idy	County	
						241 (746							
III. DESIGNATION OF TRANS	SPORTE	OF O	IL A	ND N	ATU	Address (Giv	e address to w	hich app	roved	copy of this fo	rm is to be se	ent)	
Name of Authorized Transporter of Oil	X	or Conder	184IC		ļ	P O Bo	3609	Mid	land	, Texas	<u> 79702</u>		
Koch Trucking	hand Car	[X]	or D	ry Gas		Address (Giv	e address to w	hich app	roved	copy of this fo	rm is to be s	ent)	
Name of Authorized Transporter of Casing	Head Oas	تب	0. 2	.,		P.O. Box	<u> 2197, </u>	<u>Hous</u>	ton,	Texas	<u>77252 </u>		
Conoco, Inc. If well produces oil or liquids,	Unit	Sec.	Twp).	Rge.	is gas actuali	y connected?	ļ	When	?			
rive location of tanks.	K	88	18			Ye				11/12/9	<u></u>		
If this production is commingled with that f	rom any othe	r lease or	pool,	give cor	mmingli	ng order num	жг.						
IV. COMPLETION DATA				Gas V			Workover	Dee	pea	Plug Back	Same Res'v	Diff Resy	
Designate Type of Completion -	· (X)	Oil Well	 	Cas v	YEII	146m 11611	1		ĺ				
	Date Compl	. Ready to	Prod			Total Depth				P.B.T.D.			
Date Spandood													
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
									Depth Casing Shoe				
Perforations													
		IDDIC	CA	CINO	AND	CEMENTI	NG RECOR	W/	Z				
	CAS	UDIIVO,	URING	G SIZE	7410		DEPTH SET			9	ACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE												
					_					 			
			4.61	¥2	\rightarrow	K				L			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	T FOR A	LLOW	ABL	alla ad ailea	nd must	he equal to a	exceed top al	lowable	for this	depth or be	for full 24 hou	urs.)	
			0) 100	aa ou u	111111111111111111111111111111111111111	Producing M	ethod (Flow, p	ump, ga	s lift, e	ic.)			
Date First New Oil Run To Tank	Date of Tes	* /											
Length of Test	Tubing Pressure					Casing Pressure				Choke Size			
Leagur W 10-										Gas- MCF			
Actual Prod. During Test	1011 - Bbls.	s. Water - Bbls.					ter - Bbis.						
						<u> </u>				1			
GAS WELL						7 E F (Gravity of (ondensate		
Actual Prod. Test - MCP/D	Length of Test					Bbis. Condensate/MMCF							
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
Testing Method (pilot, back pr.)	lubing Pre	sence (Sou	ш-ш)			Casing 1 (Casalo (Citation)							
			Dr '	ANTO		1						~	
VI. OPERATOR CERTIFIC	ATE OF	COM	PLL	ANCI	E .		OIL CO	NSE	RV	ATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation			II	_									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved \$ 1993									
						Dall	, .pp.04,						
Vickied	led					D.	•	OBIGI	NA:	SIGNED	BY		
					By ORIGINAL SIGNED BY MIKE VOLUMENS								
Vickie leei	ויזע	9/110	u Ai			Title		SHIPE	RVIS	OR. 0151	RIGT II		
Printed Name	505	/623-									· · · · · · · · · · · · · · · · · · ·		
3/26/93	200	Te	lephor	se No.									

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

Deta

- 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.