

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company		Well API No. 30-015-27185
Address P.O. Box 1933 Roswell, New Mexico 88202 1-505-623-6601		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	New Completion & also change of transporter
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	as of 4-1-93.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco 8 Federal	Well No. 4	Pool Name, Including Formation Undeag. Grayburg	Kind of Lease State, Federal or Fee	Lease No. LC-029393-A
Location Unit Letter N : 660 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"/> Koch Trucking	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609 Midland, Texas 79702	
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 N	Sec. 8
	Twp. 18s	Rge. 31e
	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 11-10-92	Date Compl. Ready to Prod. 3-20-93		Total Depth 8610		P.B.T.D. 7649			
Elevations (DF, RKB, RT, GR, etc.) 3653 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3745		Tubing Depth 3508 (237' above perfs)			
Perforations 3745-3818' (OA)					Depth Casing Shoe 8610			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		378		375			
12 1/4	8 5/8		2100		1000			
7 7/8	5 1/2		8610		1500			
	2 3/8" Tubing		3508					

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 2-22-93	Date of Test 3-25-93	Producing Method (Flow, pump, gas lift, etc.) Pumping (2' x 1 1/2" x 20') Cumbie	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 120	Gas - MCF TSTM (Fumes)

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 Ray F. Nokes Prod. Mgr/Eng
Printed Name Ray F. Nokes Title
Date 4-5-93 Telephone No. 1-505-623-6601

OIL CONSERVATION DIVISION

APR 14 1993

Date Approved _____
By MIKE WILLIAMS ORIGINAL SIGNED BY
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.