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

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

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

State of New Mexico
Enr Minerals and Natural Resources Department

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

RECEIVED

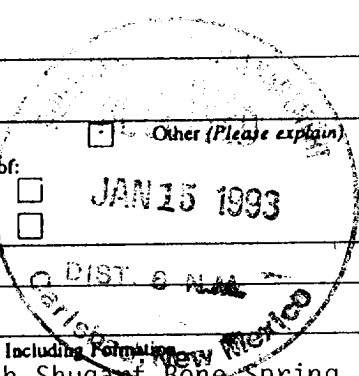
JAN 9 1993

O. C. D.
ADTEC

157
WT
GT
lb

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company		Well API No. 30-015-27213
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"/> <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		



Lease Name Arco 8 Federal		Well No. #5	Pool Name, including Formation North Shugart Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LC-029393-A
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.		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? 1/13/93

If this production is commingled with that from any other lease or pool, give commingling order number:

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 12/3/92	Date Compl. Ready to Prod. 1/8/93	Total Depth 8553'	P.B.T.D. 8488'
Elevations (DF, RKB, RT, GR, etc.) 3669.2'	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7943'	Tubing Depth 7767'
Performances 7943-8404' (oa)		Depth Casing Shoe 8553'	
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 54.5#	373'	375 <i>Part IO-2</i>
12 1/4"	8 5/8" 32#	2114'	1450 <i>2-12-93</i>
7 7/8"	5 1/2" 17#	8553'	1525 <i>comp & OK</i>
	2 3/8"	7767'	

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 1/10/93	Date of Test 1/11/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 179	Oil - Bbls. 99	Water - Bbls. 80 BLW	Gas - MCF 76

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 <i>Vickie Teel</i> Vickie Teel	Title Drilg/Prod Analyst
Printed Name 1/14/93	Telephone No. 505/623-6601

OIL CONSERVATION DIVISION JAN 2 9 1993	
Date Approved _____	
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.