District I PO Bo : 1980, Hobbs, NM 88241-1980

Distric: II

NO Drawer DD, Artesia, NM 88211-0719

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

State of New Mexico ergy, Minerals & Natural Resources Department C

OIL CONSERVATION DIVISION	N
PO Box 2088	
Santa Fe NM 87504-2088	

Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

District IV PO Box 2088, Se	nuta Ea. NM	87504.2088							•	ليا	AME	NUED KEPOKI		
() Box 2066, Si	R	EQUES'	T FOR AL	LOWAB	LE ANI	D AU	THOR	IZATI	ON TO TR					
Operator name and Address								OJO170						
Harvey E. Yates Company								010179 Reason for Filing Code						
P.O. Box 1933										00				
Roswell, N.M. 88202 'API Number 'Pool Name AG effective 3/1/98 'Pool Code														
30 - 0 <u>15</u> -	Morrow				76400									
¹ Property Code						perty Na			' Well Number			di Number		
20974 Travis ATR 24 State Com #1														
		Location	n											
Ul or lot no. Section Township			Range	Feet from t	om the North/Sout		uth Line	Feet from the	East/West line		County			
K	K 24 18S 28E				1980	1980 South			1980 West Eddy			Eddy		
Bottom Hole Location Township Range Lot Idn Feet from the North/South line Feet from the East/West line County											County			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	from the		outh line	rect from the	Eastwe	st line	County		
	11 70 10 10	ing Method (Soda Li Con C	onnection Dat	C-1	29 Perm	it Number		C-129 Effective I	Date	17 C-1	129 Expiration Date		
12 Lae Code	- Produci	F		11/97		27 10.22								
S III. Oil a	nd Gas	Transpo						_						
Transpor			" Transporter N	Name ²⁴ PC			D 21 O/G			22 POD ULSTR Location				
OGRID		. 1 D:	and Address	· · · · · · · · · · · · · · · · · · ·						and D	escriptio	10		
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	Ab	ilene,	Texas 79	9604					Sec. 24	, T18S	T18S, R28E			
009171		M Gas (O. Box		281	L9900		G	Unit K						
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022100	T.G	&E Nati	ıral	· ·	28	L9900		G	Unit K					
032109	92	1 W. Sa	anger	•	20	2019900			Sec. 24, T18S, R28E					
Hobbs, N.M. 88240														
All Market and Control	of second							· ·						
IV. Produced Water POD ULSTR Location and Description														
	POD POD ULSTR Location and Description PAR 1980 RECEIVED													
V. Well	Comple	tion Dat	ta							OC	D - AR	RTESIA		
V. Well Completion Data "Spud Date "Ready Date						TD TI			¹¹ PBTD			" Perforations		
* Hole Size			n C			Depth Se	et .		33 Saci	Sacks Cement				
							<u></u>							
	Test D								W. 67 . 10			39 Cag. Pressure		
		³² Gaa	u Delivery Date "Test Date			c 37 Test Length		ength	Tbg. P	ressure	Cag. Fressure			
		41 Oil 42 Water			4 Gas			4 AOF		+	"Test Method			
* Choke Size		- Oil Water												
" I hereby cer	tify that the	rules of the C	il Conservation D	livision have be	cen complied				<u> </u>					
with and that	the informatio	oa givaa abor	ve is true and com	plete to the bes	t of my	İ	C	IL CC	NSERVAT	I NOI	DIVIS	SION		
Signature:	knowledge and belief. Signature: ORIGINAL SIGNED BY TIM W. GUM ORIGINAL SIGNED BY TIM W. GUM													
Printed name: Vickie Teel						Title: DISTRICT II SUPERVISOR								
Title: Production Analyst						Approval Date: 7 9 5 5								
Date: 2/27/98 Phone: 505/623-6601														
			n the OGRID nu			ious oper	rator							
	J													
	Previous	Operator Si	ignature			Prin	ted Name			T	itle	Date		

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box

If for any other reason write that reason in this box.

- The API number of this well 4
- The name of the pool for this completion 5
- 6. The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

13. The producing method code from the following table:

Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:

Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30 Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.