

RECEIVED

MAY 27 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
REPORTER	

Harvey E. Yates Company

Address

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Request for test allowable - 1000 BO
for the month of May, 1983.

Roswell - Bone Springs 8240-8248

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

SST

Well No.

1

Pool Name, Including Formation

Wildcat - Bone Springs

Kind of Lease

State, Federal or Fee

State

Lease No.

V-689

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The EastLine of Section 6 Township 19S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒or Condensate ☐

Southern Union Refining

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 980, Hobbs, New Mexico 88240

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐or Dry Gas ☐If well produces oil or liquids,
give location of tanks.

Unit

G

Sec.

6

Twp.

19S

Rge.

29E

Is gas actually connected?

When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

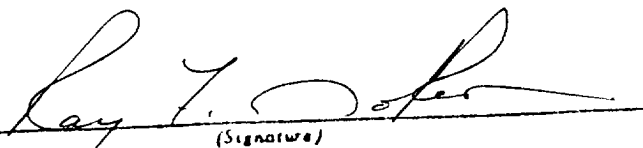
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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)

Reservoir Engineer

(Title)

May 26, 1983

(Date)

OIL CONSERVATION DIVISION

MAY 27 1983

APPROVED _____, 19____

Original Signed By

BY _____ Leslie A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of condSeparate Forms C-104 must be filed for each pool in mu
completed wells.