

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

RECEIVED

SEP 11 1987

O.C.D.
PERMISSION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
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)
 CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 11-3-87
 UNLESS AN EXCEPTION FROM
 THE B. I. M. IS OBTAINED

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson 11 Federal	Well No. 2	Pool Name, including Formation TAMAU Wildcat-Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. LC-062052
Location Unit Letter H : 660 Feet From The East Line and 1930 Feet From The North				
Line of Section 1 / 1 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"/> Pride Pipe Line	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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2
	Twp. 18	Rge. 31
	Is gas actually connected? No	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

A. M. Young
(Signature)
NM Young
Drilling Superintendent
(Title)
September 10, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 30 1987, 19
BY Original Signed By
Les 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
7/1/87	8/28/87		8813		8771				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3755.0 GL	Bone Springs		7934		8052				
Perforations						Depth Casing Shoe			
7934-7998						8813			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		350		350			
11		8 5/8		2356		1000			
7 7/8		5 1/2		8813		1985			
		2 3/8		8652					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/4/87	9/5/87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	n/a	n/a	n/a
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
63	51	12	30

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