

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED

NOV 04 '87

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company	
Address P.O. Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
*Additional well completed on Lease with battery location below.	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Taylor 13 Federal	Well No. 3	Pool Name, including Formation <del>Undesignated</del> East Shugart Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 2537
Location Unit Letter <u>0</u> : <u>430</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas	
Name of Authorized Transporter of Gashead 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 1959, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks. * <u>P</u>	Unit <u>13</u> Sec. <u>18S</u> Twp. <u>31E</u> Rge. <u>13</u>	Is gas actually connected? <u>Yes</u> When <u>9-15-87</u>

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.

Production Manager/Engineer

October 6, 1987

OIL CONSERVATION DIVISION

APPROVED: OCT 30 1987, 19 \_\_\_\_\_  
BY: Original Signed By  
Mike Williams  
TITLE: Oil & Gas Inspector

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 3/30/87	Date Compl. Ready to Prod. 8/8/87	Total Depth 5450'			P.B.T.D. 5050'				
Elevation (DF, RKB, RT, CR, etc.) 3737.4'	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 4848			Tubing Depth 4771				
Perforations 4848-4870' 23 HOLES - .41"						Depth Casing Shoe 5450			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8" 2 3/8"		366'		230 SX HIGH EARLY-40 CIRC.				
7 7/8"	5 1/2" 2 3/8"		5450'		1-ST STAGE: 700 SX				
					2ND STAGE: 1250 SX				

#### 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 8-19-87	Date of Test 8-23-87	Producing Method (Flow, pump, gas lift, etc.) DOWN-HOLE JET PUMP	
Length of Test 24 HOURS	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 39	Gas - MCF TSM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size