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O. C. D.
ARTESIA OFFICEOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 08-01-83
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O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASSTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	✓
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

I.

Operator Harvey E. Yates Company ✓	
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
*Additional well completed on lease w/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 Shugart, Y, 7-R, Q, Sa, Gr	Kind of Lease State, Federal or 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 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 1959, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit *P Sec. 13 Twp. 18S Rge. 31E
Is gas actually connected?	When 9-15-87 <u>Post ID-2</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 8-26-88

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 Analyst (Signature)

August 2, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 23 1988, 19 _____BY Original Signed By
Mike Williams

TITLE _____

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 allow-
able 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.
		X					X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
3-30-87	PB comp. 7-22-88		5450		4771				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3727.4 GL	Delaware		4848 4330		4771 4150				
Perforations						Depth Casing Shoe			
4330-32, 4426-28						5450			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		366		230 SX High Early-40 Circ			
7 7/8		5 1/2		5450		1st Stage: 700 SX			
		2 3/8		4150		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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
7-27-88		8-1-88		2" X 1 1/2" X 20' X 24' pump	
Length of Test		Tubing Pressure		Casing Pressure	
24 hours					
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
		34		150	
				Gas - MCF	
				39	

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	