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ARTESIA, OFFICESTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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 type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-27-87</u>	

If change of ownership give name
and address of previous ownerUNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Taylor Deep 12 Federal	Well No. 1-Y	Pool Name, including Formation Wildcat Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. LC-058709-A
Location Unit Letter <u>K</u> : <u>2235</u> Feet From The <u>South</u> Line and <u>2235</u> Feet From The <u>West</u> Line of Section <u>12</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	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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-2</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>K</u> <u>12</u> <u>18</u> <u>31</u>
Is gas actually connected?	When <u>8-28-87</u> <u>comp & RT</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.

A. M. Young NM Young
(Signature)
Drilling Superintendent

(Title)
July 28, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 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 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/3/87	Date Compl. Ready to Prod. 7/21/87		Total Depth 9500		P.B.T.D. 9460				
Elevations (DF, RKB, RT, CR, etc.) 3764.6 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9424		Tubing Depth 9446				
Perforations 9424-32						Depth Casing Shoe 9500			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		350 ft		350 sks			
11"		8 5/8"		2410 ft		948 sks			
7 7/8"		5 1/2"		9500 ft		2175 sks			
		2 3/8"		9446					

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 7/21/87	Date of Test 7/26/87	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 204	Oil - Bbls. 114	Water - Bbls. 90	Gas - MCF 90

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