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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

DEC 03 '87

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1OIL CONSERVATION DIVISION O. C. D.  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
ARTESIA, OFFICE

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LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
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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)	Other (Please explain)
<input 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 gas hook-up to

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Hale 11 Federal	Well No. 1	Pool Name, including Formation Benson Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM.0560353
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2160</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>19S</u> Range <u>30E</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"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1967, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>11</u> Twp. <u>19</u> Rge. <u>30</u>	Yes <u>11-7-87</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.*Shawn Hill*  
(Signature)

Production Analyst

(Title)

December 2, 1987

(Date)

## OIL CONSERVATION DIVISION

APPROVED: DEC 4 1987, 19 \_\_\_\_\_BY: Original Signed ByMike WilliamsTITLE: 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 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.