Attn: May

NOTE: Verbal approval from May at OCD to Pride Pipeline (Chuck.) on 7-13-88.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JUL 15 '88
O. C. D.
ARTESIA, 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 88202

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): CASINGHEAD GAS MUST NOT BE [illegible] AFTER 9/25/88 [illegible] EXCEPTION FROM [illegible] IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Hudson 11 Federal	4	Tamano Bone Springs	Federal	NM 062052

Location
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East

Line of Section 11 Township 18S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	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 [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	11	18S	31E	No	Post ID-2 7-25-88 comp + BK

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.

(Signature)

Production Manager/Engineer
(Title)

7-14-88
(Date)

OIL CONSERVATION DIVISION

APPROVED: JUL 27 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 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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-26-88	7-8-88	9119	9000
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3742.7	Bone Spring	8057	7954
Perforations			**Depth Casing Shoe**
8057-74, 8094-8108, 8126-48			9119

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	378	385 sx HE 2% CACL
11	8 5/8	2368	1300 sx 65/35 POZ & HEZ
7 7/8	5 1/2	9119	1550 sx 65/35 POZ & CL H
		DV @ 6634	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-8-88	7-14-88	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hr	270#	-0-	16/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
---	216	24	138

GAS WELL

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

Form 3160-4
(November 1983)
(formerly 9-330)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE* (See instructions on reverse side)

RECEIVED
JUN 25 10 51 AM '89
CARLSBAD, NEW MEXICO
AREA MANAGER

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM-062052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Hudson 11 Federal

9. WELL NO.: 4

10. FIELD AND POOL, OR WILDCAT: Tamano Bone Springs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 11, T18S, R31E

12. COUNTY OR PARISH: Eddy

13. STATE: NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: Harvey E. Yates Company

3. ADDRESS OF OPERATOR: P.O. Box 1933, Roswell, New Mexico 88202

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FEB 10 '89
O. C. D.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 2310' FNL & 2310' FEL
At top prod. interval reported below: same
At total depth: Same

14. PERMIT NO.: 30-015-25893 | DATE ISSUED: 3-23-88

15. DATE SPUDDED: 5-26-88 | 16. DATE T.D. REACHED: 6-22-88 | 17. DATE COMPL. (Ready to prod.): 7-8-88 | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: 3742.7 | 19. ELEV. CASINGHEAD: 3742.7

20. TOTAL DEPTH, MD & TVD: 9119' | 21. PLUG, BACK T.D., MD & TVD: 9000' | 22. IF MULTIPLE COMPL., HOW MANY*: n/a | 23. INTERVALS DRILLED BY: → | ROTARY TOOLS: 0-TD | CABLE TOOLS: NA

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 8057-8148' (OA) Bone Spring

25. WAS DIRECTIONAL SURVEY MADE: NO

26. TYPE ELECTRIC AND OTHER LOGS RUN: FDC/CNL; DLL/RXO

27. WAS WELL CORED: NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	54.5#	378	17 1/2	385 sx HE 2% CACL	circ 20 to pit
8 5/8	24 & 32#	2368	11	1300 sx 65/35 Poz & HEZ	circ 80 to pit
5 1/2	17#	9119 DV @ 6634	7 7/8	1550 sx 65/35 Poz & CL "H"	TOC 2500' CBL

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	7954	7954

31. PERFORATION RECORD (Interval, size and number)
8057-74
8094-8108 2 JSPF-160 holes
8126-48

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8057-8148	600 gals 20% MSR 100
8057-8148	6000 gals 20% SRA

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
7-8-88	Flowing	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7-14-88	24	16/64		216	138	24	640

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
270	-0-		216	138	24	35.8

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Venting (WOPL)

TEST WITNESSED BY:

35. LIST OF ATTACHMENTS: Electirc logs, deviation survey to follow

SJS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records. skh

SIGNED: [signature] TITLE: Production Manager/Engineer DATE: 7-14-88

*(See Instructions and Spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries).

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Rustler	Surface	805	Anhy, Red Bed
Yates	805	2270	Anhy, salt
7-Rivers	2270	2700	Anhy, sand, dolo
Queen	2700	3374	Dolo, anhy
Grayburg	3374	3888	Dolo, anhy, shale
Basin Faces San Andres	3888	4216	Dolo, anhy, shale
Delaware	4216	4818	Dolo, sand
Bone Spring	4818	5762	Dolo, sand
	5762	9119 TD	Dolo, sand, lime, shale

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	805	
Yates	2270	
7-Rivers	2700	
Queen	3374	
Grayburg	3888	
B.F. San Andres	4216	
Delaware	4818	
Bone Spring	5762	
TD	9119	

Harvey E. Yates Company
Hudson 11 Federal #4
~~Lea~~ EDDY County, N.M.

STATE OF NEW MEXICO
DEVIATION REPORT

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JAN 25 10 51 AM '89
OCD
ARE

7-18-88

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FEB 10 '89
O. C. D.
ARTESIA, OFFICE

378	1	7167	1/2
573	1 1/4	7259	1
1071	1	7350	3/4
1556	1 1/4	7470	3/4
1770	1 1/4	7599	3
2015	1/4	7680	3
2368	1	7799	2 1/2
2502	1/2	7892	1 1/2
2866	1 3/4	8017	1 3/4
3362	2 1/2	8139	1 1/2
3358	1 3/4	8326	2 1/2
4354	2 1/4	8450	2 1/2
4849	3/4	8572	2 3/4
5346	3/4	8698	2 1/2
5699	1 1/2	8820	2
5804	3 3/4	8953	2 1/2
5899	1 1/4	9119	1 3/4
6081	3		
6166	3		
6260	1 1/2		
6387	2		
6702	3 1/2		
6790	3 1/4		
6884	3		
6979	3		
7070	2 3/4		
7167	1/2		

By: Ray Peterson

STATE OF TEXAS I

COUNTY OF MIDLAND I

The foregoing instrument was acknowledged before me this 6th day of July, 1988, by Ray Peterson on behalf of Peterson Drilling Company.

Notary Public for Midland County, Texas

My Commission expires: 8/2/88

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

May thru August 1988
NO. 2063 T

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE July 15, 1988

PURPOSE ALLOWABLE ASSIGNMENT - TESTING

Effective July 1, 1988 a testing allowable of 2000 barrels of oil for Harvey E. Yates Co., Hudson 11 Federal #4-G-11-18-31 in the Tamano Bone Spring Pool is hereby assigned for the month of July 1988.

MW/mm

Harvey E. Yates Co.

PPC

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

DISTRIBUTION: WHITE-OPERATOR, GREEN-TRANSPORTER, CANARY-OCC SANTA FE, PINK-OFFICE COPY, GOLDENROD-EXTRA COPY

Attn: May

NOTE: Verbal approval from May at OCD to Pride Pipeline (Chuck.) on 7-13-88.

RECEIVED

JUL 14 '88

O. C. D.
ARTESIA, OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER OIL	✓	
TRANSPORTER GAS		
OPERATOR	✓	
PRORATION OFFICE		

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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 88202

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Request for test allowable of 2000 bbls. Effective 7-8-88. Top perf 8057 bottom perf 8148'

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hudson 11 Federal	4	Tamano Bone Springs	State, Federal or Fee Federal	NM 062052

Location
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East

Line of Section 11 Township 18S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P.O. Box 2436, Abilene Texas 79604
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 1959, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	11	18S	31E	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.

Shawn Hill
(Signature)

Production Analyst
(Title)

July 13, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED: JUL 12 1988, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 062052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Harvey E. Yates Company

8. FARM OR LEASE NAME
Hudson 11 Federal

3. ADDRESS OF OPERATOR
P.O. Box 1933, Roswell, New Mexico 88202

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2310' FNL & 2310' FEL

10. FIELD AND POOL, OR WILDCAT
Tamano Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T18S, R31E

14. PERMIT NO.
30-015-25893

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3742.7

12. COUNTY OR PARISH
Eddy

13. STATE
NM

RECEIVED
FEB 10 '89
O. C. D.
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other) Completion	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-02-88 Perf: 9034-46 (OA) 2 JSPF. Acidize w/200 gals 15% SRA.
7-06-88 Set CIBP @ 9000'. Perf 8057-8148 (OA) w/ 2 JSPF (106 holes)
7-07-88 Acdz w/600 gals 20% MSR-100.
7-09-88 Acdz w/6000 gals 20% SRA w/212 BS.
7-13-88 Run tbg to 7954' & pump pkr fluid, set pkr & kicked off flowing. Turn over to pumper.

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Production Manager/Engineer DATE 7-14-88 skh

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SDS

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the