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Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, Minerals and Natural Resources Department

	Form C-104	٠
	Revised 1-1-09	14.7
i.	See instructions of Par	
٠	at Batters of Pa	•

DISTRICT II P.O. Drawer DD, Artesia, NM 8821 JUL 06 '89

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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Santa Fe	á	100	3	1
file			12	${\it L}$
		Oit		
Transporter		Gas		
Operator			\mathbf{V}	

DISTRICT III	C. REQUEST F	OR ALLOWA			ZATIQN	Transporter Operator	Gas.	- 18 g . a 1
I. ARTES	IA, OFFICE TO TRA	ANSPORT OIL	AND NA	TURAL GA	NS	1 W No.	,	
Operator Harvey E. Yates Company			Well API No. 30-015-26082					
Address P.O. Box 1933, Ros	well, New Me	xico 88202						
Reason(s) for Filing (Check proper box)			Ou	ASINGH	in)	AS MUST N		
New Well Recompletion	Change is	a Transporter of: Dry Gas		CASING!	EAD GA	12 MOSI N	OT BE	
Change is Operator	Casinghead Gas	Condensate		FLARED A	AFTER	9/10/89		
If change of operator give name				CINEESS /	44 EXC	PTION FRO	M	
and address of previous operator				THE B. L. A	4. 18 OI	STAINED		
II. DESCRIPTION OF WELL		Pool Name, Includi	ae Formation		Kind	of Lease	I I ages No	
AJ 11 Federal	#1	Tamano Bo				Federal or Fee	LC-029	9388 (b)
Location	<u> </u>				·····			
Unit Letter P	_ : <u>560</u>	Feet From The	South Li	990) Fe	set From The	East	Lise
Section 11 Townshi	p 18S	Range	31E N	MPM,		E	ddy	County
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	TY or Conder		Address (Gi	ox 2436,		copy of this form	is to be sent 79604)
Pride Pipeline Comp Name of Authorized Transporter of Casing		or Dry Gas				copy of this form		
Conoco Inc.	J 0.2		P.O. E	3ox 2197,	Houst	on, Texas	77252	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rgc. 18 31	ls gas actual	ly connected? no	When	7		
If this production is commingled with that	from any other lease or		ing order mur					
IV. COMPLETION DATA)	1 39. 4	- D	Plug Back Sar	ma Bas'u	Diff Res'v
Designate Type of Completion	- (X) XX	l Gas Well	New Well	Workover	Deepen	i i	į	
Date Spudded 3/24/89	Date Compl. Ready to 7/1/89	o Prod.	Total Depth	3959		P.B.T.D. 8490)	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo		Top Oil/Gas Pay			Tubing Depth		
3739.5 GL	Bone Spri	ngs	8121			8300 Depth Casing Shoe		
8121-97								
		CASING AND	CEMENTI)			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			365 "C"		
17 1/2 12 1/4	13 3/8		377 2350			1600 "H"		
	8 5/8			3959				300 tai
7 7/8	5 1/2 2 3/8			3300		1200.11	LICI U	500 ca i
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	<u></u>	3300				
OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to or	exceed top allow	wable for this	depth or be for f	ull 24 hours.)
Date First New Oil Run To Tank	Date of Test			ethod (Flow, pur	np, gas lift, e	uc.)	Post I	_ 1
6/29/89	7/4/	′89		ping		10	7-14	- 89
Length of Test	Tubing Pressure N/	۸.	Casing Press	ure N/A		Choke Size	comp ;	ZBK
24 hrs Actual Frod. During Test	Oil - Bbls.		Water - Bbls			Gas- MCF		
346	255	5		91		240		
GAS WELL								
Actual Frod. Test - MCF/D Length of Test			Bbls. Condenmts/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	ı-in)	Casing Press	ure (Shut-in)		Choke Size		
				,,,		<u>L</u>		
VL OPERATOR CERTIFICATE OF COMPLIANCE			/		SEDV	ATION DI	VISIO	J
I hereby certify that the rules and regulations of the Oil Conservation								•
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUL 1 0	1989	
/				Approved	l			
1. M. Uhe				• 0	DICINIAL	CICNICH DV	,	
Signature				By ORIGINAL SIGNED BY MIKE WILLIAMS				
NM Young Drilling Superintendent Printed Name Title			Title SUPERVISOR, DISTRICT IF					
7/3/89 (505) 623-6601			i Kie					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

10.13

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.