

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company		Well API No. 30-015-26316
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	JUN 27 '90
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		
O. C. D. ARTESIA, OFFICE		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SST	Well No. #2	Pool Name, Including Formation Palmillo Bone Springs	Kind of Lease State, Federal or Fee	Lease No. V-689
Location				
Unit Letter B	: 660	Feet From The North	Line and 1980	Feet From The East
Section 6	Township 19S	Range 29E	NMPM, Eddy 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent) 336 HS&L Bldg, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6
	Twp. 19	Rge. 29
	Is gas actually connected? Yes	When? 6/25/90

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

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 4/25/90	Date Compl. Ready to Prod. 6/15/90		Total Depth 8438		P.B.T.D. 7840			
Elevations (DF, RKB, RT, GR, etc.) 3396.5 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 7545		Tubing Depth 7218			
Perforations 7545-7691					Depth Casing Shoe 8438			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	335	375
12 1/4	8 5/8	1200	900
7 7/8	5 1/2	8438	1250
	2 3/8	7218	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 6/19/90	Date of Test 6/24/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 0	Choke Size 3/4"
Actual Prod. During Test 252	Oil - Bbls. 95	Water - Bbls. 157	Gas - MCF 221

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Jim Young by J.T.  
NM Young Drlg Superintendent  
Printed Name Title  
6/26/90 (505) 623-6601  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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

- 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.