

OIL CONSERVATION DIVISION

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

OCT 30 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company ✓		Well API No. 30-015-26457
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"/>
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SST	Well No. #3	Pool Name, Including Formation Palmillo Bone Spring	Kind of Lease State, Federal or Fee	Lease No. V-689
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1747</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>19S</u> Range <u>29E</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) 336 HS&L Bldg, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6
	Twp. 19S	Rge. 29E
	Is gas actually connected? Yes	When ? 10/19/90

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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/10/90	Date Compl. Ready to Prod. 10/17/90		Total Depth 7845		P.B.T.D. 7797			
Elevations (DF, RKB, RT, GR, etc.) 3389.2 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7498		Tubing Depth 7394' (SN)			
Perforations 7498-7620 (oa)					Depth Casing Shoe 7845			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		300		350 <u>Post-EP-2</u>			
12 1/4	8 5/8		1100		800 <u>11-9-90</u>			
7 7/8	5 1/2		7845		1450 <u>comp & BK</u>			
	2 3/8		7394' (SN)		7064' (anchor)			

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 10/18/90	Date of Test 10/19/90	Producing Method (Flow, pump, gas lift, etc.) Pumping (2" x 1 1/2" x 16' Cumbie)	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 109	Oil - Bbls. 70	Water - Bbls. 39 (load)	Gas - MCF 63

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

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 Vickie Teel
Printed Name Vickie Teel Prod. Sec. (505) 623-6601
Date 10/29/90 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved NOV 6 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.