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PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Superseding Old C-104 and C-1
Effective 1-1-65

RECEIVED TO TRANSPORT OIL AND NATURAL GAS

JUL 29 1977

O. C. C.

ARTESIA, OFFICE

Harvey E. Yates Company, Inc.

Address
P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

change of ownership give name and address of previous owner _____

AMEND OPERATOR NAME & ADDRESS
Harvey E. Yates

DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 11	Pool Name, including Formation McMillan Seven Rivers Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC-06356
Location				
Unit Letter B	330	Feet From The North	Line and 2310	Feet From The East
Line of Section 7	Township 20S	Range 27E	NMPM Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave., Artesia, N.M. 88210-Att: Jim Miller
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twp. 20S	Rge. 27E	Is gas actually connected? NO	When
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this production is commingled with that from any other lease or pool, give commingling order number: CTB-223

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (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

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 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James M. Pope
(Signature)

Administrative Assistant

(Title)

7/27/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5, 1977

BY *W. A. Gressett*

TITLE SUPERVISOR, DISTRICT II

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 deviated 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 change of owner, well name or number, or transporter, or other such change of conditions.