

RECEIVED

JUN 21 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
REGULATOR	

Harvey E. Yates Company ✓

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Request for test allowable - 750 BO
for the month of June, 1983. Reentry

(Delaware Perfs from 5456-5602')

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Yates A Federal	1	East Burton Flats	State, Federal or Fee State	NM-03677

Location	Unit Letter	Feet From The	Line and	Feet From The	County
	F	1980	North	1980	West
	Line of Section	Township	Range	NMPM	Eddy
	21	20S	29E		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Southern Union Refining	P. O. Box 980, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	21	20S	29E		

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, CR, 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

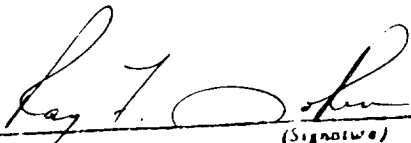
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Reservoir Engineer

(Title)

June 20, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 22 1983

Original Signed By
Leslie A. Clements

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 deeper 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool to multi-