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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico inergy, Minerals and Natural Resources Departs. It

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Form C-104 Revised 1-1-89 MAR 2 5 1991 at Bottom of Page

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

DISTRICI III 1000 Rio Brazos Rd., Aziec, NM 87410

P.O. Box 2088

OIL CONSERVATION DIVISION

O. C. D. ARTESIA, OFFICE Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	DTRANS	SPORT OI	L AND NA	TURAL GA					
Openior Harvey E. Vates Con	Harvey E. Yates Company					i	Well API No. 30–015–26631			
Address										
P.O. BOX 1933, ROSV Reason(s) for Filing (Check proper box)	well, N.N	4. 8820	02	Oi	her (Please expl	ain)				
New Well	c	hange in Tra	nsporter of:		(* *******************************	,				
Recompletion Oil Dry Gas										
Change in Operator If change of operator give name	Casinghead (Gas Co	ndensate							
and address of previous operator										
II. DESCRIPTION OF WELL					· · · · · · · · · · · · · · · · · · ·			T		
Lease Name Cabin Lake 34 Feder	ral #1 Cabin La						Kind of Lease NM-64594			
Location										
Unit Letter P	: 330	Foe	t From The	South Li	ne and790	F	eet From The	East	Line	
Section 34 Township	, 21S	21S Range 30E NMPM.					Eddy County			
· · · · · · · · · · · · · · · · · · ·										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil										
Pride Pipeline Company					P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be s										
If well produces oil or liquids,	l Unit Se	c. Tw	p. Rge	le gas actual	ly connected?	When				
give location of tanks.		$\begin{array}{c c} \mathbf{x} & \mathbf{T} \mathbf{w}_1 \\ 34 & 2 \end{array}$	30°	No			nen :			
If this production is commingled with that f	from any other	lease or pool,	give comming	ling order nun	nber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	oiff Res'v	
Designate Type of Completion		XX	Out wen	XX			1108 1201 130		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date Spudded	Date Compl. 1	-	d.	Total Depth	74001		P.B.T.D.	4501		
1/31/91 Elevations (DF, RKB, RT, GR, etc.)	3/8/91 Name of Producing Formation			7498 Top Oil/Gas Pay			7452'			
3192.2	Delaware			6958'			Tubing Depth 6800 *			
Perforations								Depth Casing Shoe		
6958 - 7038' & 7188	8-7344'	DIG 64	CINIC AND	CITA (EL ITA	NO DECOR		1 7	'498 '		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTI	DEPTH SET			SACKS CEMENT		
17 1/2	13 3/8, 54.5#				401			1040 Part ID-2		
12 1/4	8 5/8, 32#			3420			1952	4-5-		
7 7/8	5 7	1/2, 17: 3/8	#	7498 6800			1100	comp	Y LI K	
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)										
3/12/91		3/19/91		Pumping						
Length of Test	Tubing Pressu	Tubing Pressure			ure		Choke Size			
24 hrs Actual Prod. During Test	Ø)		Gas- MCF			
186	Oil - Bbls. 48			Water - Bols. 138			TSTM			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsale/MMCF		Gravity of Condensate			
							 			
Testing Method (pilot, back pr.)	Tubing Pressu	re (Shut-in)		Casing Press	ure (Shut-in)		Choke Size			
UT ODED ATOD CEDTIEIC	ATE OF C	OMDLI	ANICE	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above				APR 2 9 1001						
is true and complete to the best of my knowledge and belief.				Date Approved						
Lichio of										
Signature Vickie Teel Production Anlyst					By ORIGINAL SIGNED BY					
Vickie Teel Production Anlyst Printed Name Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT 17					
3/22/91 (505) 623-6601					Title SUPERVISOR, DISTRICT IT					
Date		Telephoo			(pasked)					
Control of the second of the s			A STATE OF THE STA		经过货售产品的股份				7	

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.