OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

RECEIVED
JUL 30 1982
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: 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:		Other (Please explain)
Recompletion	[X]	Oil	[ ] Dry Gas [ ]	
Change in Ownership	[ ]	Casinghead Gas	[ ] Condensate [ ]	

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.
Amoco 22 State	1	~~Wildcat~~ Atoka	State, Federal or Fee State	L-711

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West

Line of Section 22 Township 23S Range 27E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline, Inc.	P. O. Box 1320, Hobbs, New Mexico 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	22	23S	27E	Yes	7-28-82

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res
		X		X		X		X

Spud Date	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/15/82	7/28/82	12350	11225

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3048.5' GR	~~Strawn~~ Atoka	10954	10900

Perforations	Depth Casing Shoe
10954' to 11062'	12350'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8	375	250 sxs + 10 yd Redimi
11"	8 5/8	5600	2080 sxs
7 7/8"	5 1/2	12350	1310 sxs
	2 3/8	10900	

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.)
		Posted 8h

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		10 2-25-82	

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
		8-2	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
7500	1.5 hrs	-	

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pr	2960	0	1/2"

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.

Perk Hardee
(Signature)
Engineer
(Title)
July 28, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1982, 19

BY Leslie A. Clements

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 deviation 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 changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.