



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION

TONEY ANAYA
 GOVERNOR

May 29, 1984

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-5800

Harvey E. Yates Company
P. O. Box 1933
Roswell, New Mexico 88201

Re: CASE NO. 8193
ORDER NO. R-7550

Applicant:

Harvey E. Yates Company

Dear Sir:

Enclosed herewith are two copies of the above-referenced Division order recently entered in the subject case.

Yours very truly,

JOE D. RAMEY
Director

JDR/fd

Copy of order also sent to:

Hobbs OCD	<u> x </u>
Artesia OCD	<u> x </u>
Aztec OCD	

Other _____

Compulsory Pooling

*All mineral interest in the
Morrow formation underlying
the W1/2, Selt. 8, T-17S, R-29E,
Eddy Co.*

CASE #: 8193

DATE FILED 4/27/84

Call In.

APPLICANT

Name: Harvey E. Yates Company

1. Representative: Rosemary Perry

2. Position: _____

3. Address: _____

4. Telephone: _____

5. ATTORNEY: _____

6. Address: _____

7. Telephone: _____

OPPOSITION

Name: _____

1. Representative: _____

2. Position: _____

3. Address: _____

4. Telephone: _____

5. ATTORNEY: _____

6. Address: _____

7. Telephone: _____

INTERVENOR (if any) :

or

INTERESTED PARTY (IES):

EXHIBIT LIST

EXAMINER: *Michael E. Stogner*

CASE NUMBER: 8193

HEARING DATE: *May 23, 1984*

APPLICANT			OPPOSITION		
No.	Description	Admitted	No.	Description	Admitted

WITNES LIST

Case No. 8193 Date of Hearing May 23, 1984

APPLICANT: HARVEY E. YATES COMPANY	OPPOSITION:
<p><u>No:</u> <u>Qualified</u> <u>Sworn</u></p> <p>1) Name : _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Position : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2) Name : _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Position : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3) Name : _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Position : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>At:</u> <u>Qualified</u> <u>Sworn</u></p> <p>1) Name : _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Position : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2) Name : _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Position : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3) Name : _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Position : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>