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PRORATION OFFICE	

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

SEP 23 '87

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

O. C. D.  
SANTA FE OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Harvey E. Yates Company ✓

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-3-87</u> IF AN EXCEPTION FROM THE L.M. IS OBTAINED
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
		<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hale 11 Federal	Well No. #1	Pool Name, including Formation Wildcat-Bone Springs <sup>REINSON</sup>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0560353
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2160</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>19S</u> Range <u>30E</u> , NMPM. <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipe Line	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-2</u> <u>10-9-87</u> <u>comp. of BK</u>					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 11	Twp. 19	Rge. 30	Is gas actually connected? NO	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

A. M. Young NM Young  
(Signature)  
Drilling Superintendent  
(Title)  
September 17, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 30 1987, 19 \_\_\_\_\_

BY \_\_\_\_\_  
LES 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/7/87	Date Compl. Ready to Prod. 9/15/87	Total Depth 9800			P.B.T.D. 9697				
Elevations (DF, RKB, RT, CR, etc.) 3354.1 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8457			Tubing Depth 8359				
Perforations 8457-8567							Depth Casing Shoe 9800		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		356		400			
11		8 5/8		2098		1215			
7 7/8		5 1/2		9800		1660			
		2 3/8		8359					

V. 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 9/15/87	Date of Test 9/16/87	Producing Method (Flow, pump, gas lift, etc.) flowing		
Length of Test 24 hrs	Tubing Pressure 180	Casing Pressure 0	Choke Size 3/4	
Actual Prod. During Test 368	Oil - Bbls. 236	Water - Bbls. 132	Gas - MCF 805	

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