

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supervising Oil O-101 and O-1
 Effective 1-1-65

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LAND OFFICE	
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Operator
 Harvey E. Yates Company, Inc.

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	AMEND OPERATOR NAME AND ADDRESS
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Change in Transporter of Gas <input type="checkbox"/>	
Change in Transporter of Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McMillan Federal	Well No. 1	Pool Name, including Formation McMillan SR-Q	Kind of Lease State, Federal or Fee Federal NM-	Lease No. 0491922
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>20S</u> Range <u>26E</u> , <u>NM</u> County <u>Eddy</u>				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	No. Freeman Avenue, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	H	1	20S	26E		

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	Stim. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Devations (DF, RKB, RT, GR, 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 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 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

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Anne M. Pope
 (Signature)

Administrative Assistant
 (Title)

July 28, 1977
 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1977
 BY W. A. Gessett
 SUPERVISOR, DISTRICT II
 TITLE _____

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 deviated tests taken on the well in accordance with RULE 1103.
 All sections of this form must be filled out completely for allowable on a new and re-completed well.
 Fill out only Sections I, IV, III, and VI for change of owner, well name or number, or transporter or other such change of conditions.