

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SALE & FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
REGISTRATION OFFICE	

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

Form O-104  
 Superseded by OIL C-101 and C-1  
 Effective 1-1-65

**RECEIVED**

NOV 2 1977

Operator: Harvey E. Yates Company **O.C.C.**  
 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 OPERATORS 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 Oil <input type="checkbox"/>
Change in Transporter of Gas <input type="checkbox"/>	Change in Transporter of Gas <input type="checkbox"/>
Change in Transporter of Condensate <input type="checkbox"/>	Change in Transporter of Condensate <input type="checkbox"/>
Change in Transporter of Dry Gas <input type="checkbox"/>	Change in Transporter of Dry Gas <input type="checkbox"/>

Change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>McMillan Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>McMillan SR-Q</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-04919</u>
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>	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)
<u>Navajo Crude Oil Purchasing Company</u>	<u>N. Freeman Avenue, Artesia, New Mexico 88210</u>
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 <u>H</u>	Sec. <u>1</u>	Twp. <u>20S</u>	Rge. <u>26E</u>	Is gas actually connected?	When
--	------------------	------------------	--------------------	--------------------	----------------------------	------

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	Some Reservoirs	Partial Reservoirs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Stimulants (DF, RAB, RT, CR, 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** (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.

*[Signature]*  
 \_\_\_\_\_  
 (Signature)

Production Clerk

October 31, 1977  
 \_\_\_\_\_  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 1977

BY *W. A. Gressett*

TITLE SUPERVISOR, DISTRICT 1

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 results of tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on newly and re-completed wells.  
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.