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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	/
PROBATION OFFICE	

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

Form O-104
 Supersedes OIL O-101 and O-102
 Effective 1-1-65

RECEIVED

JUL 29 1977

Operator
 Harvey E. Yates Company, Inc.

O. C. C.
 ARTESIA, OFFICE

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

AMEND OPERATOR NAME & ADDRESS

Harvey E. Yates

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
Yates Federal	3	McMillan Seven Rivers Queen	State, Federal or Fee
			Federal
			Lease No.
			LC-06356

Location	Unit Letter	I	1650	Feet From The	South	Line and	330	Feet From The	East
	Line of Section	6	Township	20S	Range	27E	N.M.P.M.	Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" 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 Co.	N. Freeman Ave., Artesia, N.M. 88240-Att: Jim Miller
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
	B	7	20S	27E	NO	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-223

COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Inf. Resv.
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)

Site 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/MCF	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. Payne
 Administrative Assistant
 (Signature)
 (Title)
 7/27/77
 (Date)

OIL CONSERVATION COMMISSION
 AUG 5 1977

APPROVED _____ 19
 BY *W.A. Sussert*
 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 deviator 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 re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter or other such change of conditions.