DISTRIBUTION			
ANTA FE			
ILE			
.S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator

Harvey E. Yates Company, Inc.

Address

Suite 1000 Security National Bank Bldg., Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

					Other (Please explain)
New Well	[xx]	Change in Transporter of			5/1/77
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]		
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease		Lease
Sun State	1	Cato-San Andres	State, Federal or Fee	State	K-3259

Location

Unit Letter **M** ; **660** Feet From The **South** Line and **660** Feet From The **West**

Line of Section **36** Township **7S** Range **30E** , NMPM, **Chaves County**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	N. Freeman Ave., Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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.	Pge.	Is gas actually connected?	When
	M	36	7S	30E		

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Pool	
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-7-76	11-14-76	3720' KB	3713' KB

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil 'Gas Pay	Tubing Depth
4173' KB	San Andres	3480'	3658'

Perforations 3480-81, 3548-49,50,59,61,71,72,73,74,77,78,79,80, 3614½, 19, 20,57,59,76½, 78. Re-perf. 3571-74 & 3576-80, 3613-15 & 3617-20

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	339'	125 Sx – 25 Sx Circ
	4 1/2"	3720'	800 Sx
	2 3/8"	3658'	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-7-77	2-7-77	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
12 Hrs			

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
77 Bbl	15	62	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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)

Vice President
(Title)

February 28, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ MAR 3 1977 _____, 19 ___

BY _____

TITLE **SUPERVISOR DISTRICT**

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 conditions.

Separate Forms C-104 must be filed for each pool in multiply completed wells.