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| LAND OFFICE            |     |
| FILE                   |     |
| O.B.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION 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-  
Effective 1-1-65

Harvey E. Yates Company

Address

P. O. Box 1933, Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Casinghead gas pipeline hook-up

(If 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         | Lease No. |
|------------|----------|--------------------------------|-----------------------|-----------|
| Graves     | 6        | Cato San Andres                | State, Federal or Fee | Fee       |

Location

Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 6 Township 8S Range 31E NE/4 Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate

Koch Oil Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1558, Breckenridge, Tx 76024

Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas

Cities Service Company

Address (Give address to which approved copy of this form is to be sent)

Box 300, Tulsa, Ok. 74102 Attn: Waldo Berry

If well produces oil or liquids,  
give location of tanks.

Unit

Sec.

Twp.

Rge.

J

6

8S

31E

Is gas actually compressed?

yes

When

3-2-79

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

COMPLETION DATA

Designate Type of Completion - (X)

| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.D.T.D.          |
|------------------------------------|-----------------------------|-----------------|-------------------|
|                                    |                             |                 |                   |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Day | 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 trap all  
able for this depth or be for full 24 hours)

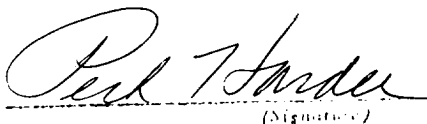
| Date First New Oil Run To Tanks | Date of Test    | Producing Rate (Flow, pump, gas lift, etc.) |
|---------------------------------|-----------------|---------------------------------------------|
|                                 |                 |                                             |
| Length of Test                  | Tubing Pressure | Casing Pressure                             |
|                                 |                 |                                             |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                 |
|                                 |                 |                                             |

GAS WELL

| Actual Prod. Test-MCF/D         | Length of Test                           | Leak. Condensate/MCF                     | Gravity of Condensate |
|---------------------------------|------------------------------------------|------------------------------------------|-----------------------|
|                                 |                                          |                                          |                       |
| Testing Method (Free, Back pr.) | Tubing Pressure (lb/in <sup>2</sup> -in) | Casing Pressure (lb/in <sup>2</sup> -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  
herein is true and complete to the best of my knowledge and belief.



Engineer

(Title)

April 17, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED

APR 25 1979

Orig. Signed by

BY

Oil & Gas Div.

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 certificate of the district engineer on test well in accordance with RULE 111.

All wells under this form must be filled out completely for all data requested in each of the following.

Fill out only Sections I, II, III, and VI for changes of ownership, name, or number, or transportation, or other such change of condition.

RECEIVED  
APR 24 1979  
OIL CONSERVATION COMM.  
MOBBS, N. M.