

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

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

**RECEIVED**

MAR 28 1977

DISTRIBUTION		
ALBUQUERQUE		
EL PASO		
S.O.S.		
FIELD OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

Operator  
**Harvey E. Yates Company, Inc.**

Address  
**Suite 1000 Security National Bank Building, Roswell, New Mexico 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):

If change of ownership give name and address of previous owner: **THIS WELL HAS BEEN PLACED IN THE POST DESIGNATED BELOW IF YOU DO NOT UNDERSTAND THIS**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Exxon Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Cato-San Andres</b>	Kind of Lease State, Federal or Fee Federal <b>Federal</b>	Lease No. <b>NM-15016</b>
Location Unit Letter <b>E</b> <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>6</b> Township <b>8S</b> Range <b>31E</b> <b>Chaves</b>				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman Avenue, Artesia, N. M. 88210</b>
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 Ser. Twp. Rge. is gas actually connected? When
<b>G 6 8S 31E</b>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res. <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded <b>2-22-77</b>	Date Compl. Ready to Prod. <b>3-7-77</b>	Total Depth <b>3810'</b>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <b>4221.6 GL</b>	Name of Producing Formation <b>San Andres</b>	Top of Gas Pay <b>3606'</b>	Tubing Length <b>3772'</b>					
Perforations <b>3606, 3608, 3661, 3672, 3676, 3684, 3694; 3715, 3724, 3726, 3728,</b> Total 11 Shots								
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>8 5/8"</b>	<b>266'</b>	<b>100 Sx Class C</b>					
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>3810'</b>	<b>275 Sx Class C</b>					
	<b>2 3/8"</b>	<b>3772'</b>						

**V. 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 <b>3-7-77</b>	Date of Test <b>3-7-77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>10 Hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>166.8 BBLs</b>	Oil - Bbls. <b>83.6</b>	Water - Bbls. <b>83.2 Load Water</b>	Gas - MCF <b>TSTM</b>

**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)  
**March 25, 1977**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **[Signature]**  
 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 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 condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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OIL COMPANY  
HOUSTON, TEXAS