NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND 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-11
Effective 1-1-65

Operator
Harvey E. Yates Company, Inc.

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Amoco Federal	1	Cato-San Andres	Federal	NM0354427A

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 1 Township 8S Range 30E, NMPM, Chaves County

II. 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 Avenue, Artesia, New Mexico 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.	Rge.	Is gas actually connected?	When
	H	1	8S	30E		

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-29-77	6-17-77	3800' KB	3770' KB
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4215.2' GL	San Andres	3561'	3771' KB
Perforations			**Depth Casing Shoe**

3734, 3735½, 3748, 3754½, 3759½, 3761, 3762 - 7 Shots
3623½, 3629, 3638½, 3644, 3650½, 3656, 3683, 3689½, 3694, 3696 -11 Shots
3561, 3565, 3571½ - 3Shots

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 ¼"	8 5/8"	277'	125 Sx Cl C 2% CaCl
7 7/8"	4 1/2"	3800'	275 Sx Cl C 50-50 Poz
	2 3/8"	3771'	

IV. 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.)	
6-30-77	6-16-77	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
2½ Hrs			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
30 BBls	25	5 Load & acid water on swab	TSTM

Est 80 BBLS Per Day test

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**

V. 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)
July 1, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 name, well name or number, or transporter, or other such change of condition.