

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALE PRICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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-
Effective 1-1-65

Harvey E. Yates Company

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

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

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	7	Cato San Andres	State, Federal or Fee	Fee
Location				
Unit Letter	I	1980 Feet From The	South	Line and 660 Feet From The East
Line of Section	6	Township	8S	Range 31E, NMM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	P. O. Box 1558, Breckenridge, Tx 76024					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Cities Service Company	Box 300, Tulsa, Ok. 74102 Attn: Waldo Berry					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	J	6	8S	31E	yes	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Full Restr.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

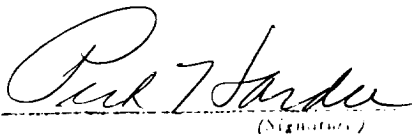
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil Rate	Water Rate	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Initial Condensate-MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Testing Pressure (lb/in ² -in)	Casing Pressure (lb/in ² -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.


(Signature)

Engineer

(Title)

April 17, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 25 1979**, 19

Orig. Signed by
BY Les Clements
TITLE Oil & Gas Insp.

This form is to be filed in compliance with RULE 1104.

If data is submitted for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the available production on the well in accordance with RULE 1101.

All wells covered by this form must be filled out completely for allowable and condensate or gas lift volume.

Fill out only 1 section I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED
APR 24 1979
OIL CONSERVATION COMM.
HARRIS, IL IL