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U.S.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 C-101
Supersedes Old C-101 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)

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	State, Federal or Fee	Fee	Lease No.
Graves	8	Cato San Andres			

Location

Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Line of Section 6 Township 8S Range 31E , N.M.P.M. 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.	Is gas actually connected? When
Unit <u>J</u> Sec. <u>6</u> Twp. <u>8S</u> Rge. <u>31E</u>	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	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations	Depth Casing Shoe							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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 - BBLs	Water - BBLs	Gas - MCF

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

Paul T. Linder
(Signature)

Engineer

(Title)

April 17, 1979

(Date)

OIL CONSERVATION COMMISSION

APR 25 1979

APPROVED

Orig. Signed by

Les Clements

Oil & Gas Insp.

TITLE

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

If it is to be used for all wells for a newly drilled or deepened well, this form must be accompanied by a statement of the owner that the information will be in accordance with RULE 1114.

When the form is to be used for a well to be drilled or deepened for all other purposes, it must be filled out for each well.

Fill out only I, II, III, and VI for change of owner, II for change of well, or transportation or other such change of condition.

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