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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-104
Supersedes OIL C-101 and C-102
Effective 1-1-65

Harvey E. Yates Company

Address

Post Office Box 1933, 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)

Effective 8/1/78

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Graves

Well No.

8

Pool Name, including Formation

Cato - San Andres

Kind of Lease

State, Federal or Fee

Fee

Lease No.

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)

P. O. Box 1558, Breckenridge, TX 76024

Koch Oil Company

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

J

Sec.

6

Twp.

8S

Rge.

31E

Is gas actually connected?

When

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

Partial Rest., Full Rest.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks

Date of Test

Producing Methods (flow, pump, gas lift, etc.)

Length of Test

Tubing 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

Libs. Condensate/MCF

Gravity of Condensate

Testing Method (flow, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-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 here is true and complete to the best of my knowledge and belief.

Perk Harder

(Signature)

Engineer

(Title)

July 24, 1978

(Date)

OIL CONSERVATION COMMISSION

JUL 26 1978

APPROVED _____, 19

Orig. Signed by

BY *John Runyan*

Geologist

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 monthly tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and recompleting 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 conditions.

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JUL 25 1970

CONSERVATION COMM.
BASS, H. M.