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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-
Effective 1-1-65

Operator
Harvey E. Yates Company

Address
P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	XX	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain) CASINGHEAD GAS MUST NOT BE [illegible] UNTIL C-104 IS OBTAINED. from N.S.P.S.

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rebecca Crosby	2	Cato-San Andres R-6470	State, Federal or Fee Federal	NM-15446

Location

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

Line of Section 31 Township 7S Range 31E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Koch Oil Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1558, Breckenridge, Texas 76024

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Cities Service Company
Address (Give address to which approved copy of this form is to be sent)
Box 300, Tulsa, Oklahoma 74102 Attn: Waldo Berry

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	31	7S	31E		

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-4-80	3-13-80	3865'	3847'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4230.4' GL	San Andres	3715'	3843'
Perforations			**Depth Casing Shoe**
3708 - 3788' (45 holes) 3815 - 3849' (9 holes)			3865'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1273'	650 sxs
7 7/8"	4 1/2"	3865'	300 sxs
	2 3/8"	3843'	

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.)	
3-8-80	3-10-80	Flow & Swab	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
7 hrs.	30 - 150	0	3/4"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
70 BF	9	61	18

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**

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 Harden
(Signature)

Engineer
(Title)

May 8, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1980, 19 ____

BY [signature]

TITLE SUPERVISOR DISTRICT II

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.