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O.C.G.B.	
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
Superseding Old C-104 and C-
Effective 1-1-65

Harvey E. Yates Company

Address

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

Reason(s) for filing (check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

EFFECTIVE JUNE 1, 1979

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.
Exxon Federal	2	Cato-San Andres	State, Federal or Leased Federal	NM1501

Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West

Line of Section 6 Township 8S Range 31E T15N10E 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)
Matador Pipe Line, Inc.	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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is it actually commingled?	When
	G	6	8S	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	Stake Back	Partial Re-
Date Spudded	Date Compl. Ready to Prod.		Total Depth			PLATD.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top of 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 initial volume of test oil and must be equal to or exceed top allowable for this test or be for full 24 hours)

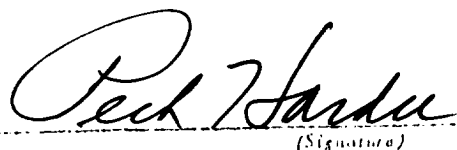
Date First New Oil Run To Tanks	Date of Test	Pressuring Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Data	Water-Data	GAS-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Deliv. 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)

May 24, 1979

(Date)

OIL CONSERVATION COMMISSION

MAY 28 1979

APPROVED _____, 19

Orig. Signed by

Jerry SINGEL

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 certification of the correct test taken on the well in accordance with RULE 1111.

All copies of this form must be filed not completely filled and must be filed in compliance with RULE 1104.

Fill out only I, II, III, and VI for change of ownership, name of land or transporter or other such change of condition.

RECEIVED

MAY 28 1979

INFORMATION COMM
MAY 28 1979