STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Harvey E. Yates Co.
Address	P.O. Box 1933 Roswell, New Mexico 88201

Reason(s) for Filing (Check proper box)

New Well [XX]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other: **CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/12/86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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.
Thelma	2	Cato-San Andres	State, Federal or Fee Fee	--

Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 7 Township 9-S Range 30-E NMPM, Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	P.O. Box 159 Artesia N.M. 88210
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.	Rge.	Is gas actually connected?	When
	N	7	9	30	no	

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'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-27-85	1-12-86	3380	3306
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4031.5 GL	San Andres	3293	3242
Perforations			**Depth Casing Shoe**
3293 (4 Holes)			3380

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	906	575 sks.
7 7/8	5 1/2	3380	125 sks

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.)	
1-12-86	1-16-86	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	----	----	----
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
109	93	16	18.6

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Drilling Supt.
(Title)
January 17, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 21 1986, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.