

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Harvey E. Yates CompanyAddress
P. O. Box 1933, Rswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

R-7800 2-1-85

Lease Name McDonald Unit	Well No. 1	Pool Name, including Formation UNDESIGNATED <i>McDonald Atoka</i>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <i>AP</i> : 660 Feet From The South Line and 990 Feet From The East Line of Section 33 Township <i>13S</i> Range 36E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) 1001 N. Turner, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 1800 Wilco Bldg, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 33	Twp. <i>13S</i>	Rge. 36E	Is gas actually connected? No	When 3rd 4/15/82

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't.	Diff. Res't.
		X	X					
Date Spudded 6/13/81	Date Compl. ready to Prod. 3/23/82		Total Depth 14593		P.B.T.D. 12965			
Elevations (DF, RKB, RT, CR, etc.) 3966.4 RKB	Name of Producing Formation Atoka		Top Oil/Gas Pay 12740		Tubing Depth 12707			
Perforations 12740' to 12782'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	367	400
11	8 5/8	4611	2150
7 7/8	5 1/2	14587	
	2 3/8	12707	

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 Method (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 3104	Length of Test 1.0 hr	Bbls. Condensate/MMCF trace	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 2100	Casing Pressure (Shut-in) 0	Choke Size 3/8

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)

Engineer

(Title)

March 23, 1982

(Date)

OIL CONSERVATION DIVISION

MAY 3 1982

APPROVED _____, 12

BY _____ ORIGINAL SIGNED BY

JERRY SEXTON

TITLE _____ DISTRICT 1 SUPR.

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.

Separate Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED

MAR 29 1982

O.C.D.
HOBBY OFFICE