

| | |
|------------------|-----|
| DISTRIBUTION | |
| DATE | |
| FILE | |
| S.G.S. | |
| AND 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-110
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) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change In Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

| | |
|-----------------------------------|--|
| DESCRIPTION OF WELL AND LEASE | |
| Lease Name Austin 18 State Com | Well Name, Including Direction Und. Austin <i>Miss</i> |
| Section 1 | Kind of Lease <i>Lease</i> |
| First Corner <i>X</i> | 1980 Feet from the South 1650 Feet from the East |
| Line of Section 18 | Township 14S |
| | Range 36E |

| | |
|--|---|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address: Give address to which approved copy of this form is to be sent |
| Southern Union | 1001 N. Turner, Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address: Give address to which approved copy of this form is to be sent |
| El Paso Natural Gas Company | 1800 Wilco Bldg, Midland, Texas 79701 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. R. P. No. Is gas actually connected? When |
| K 18 14S 36E | No est. 1/18/82 |

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 <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Test Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepening <input type="checkbox"/> Other <input type="checkbox"/> |
| Date Spudded 9/26/81 | Date Compl. Ready to Prod. 12/19/81 |
| Depth (DF, RAB, RT, GR, etc.) 3969.8 GR | Name of Producing Formation Austin - Morrow <i>PK</i> |
| Perforations <i>OH 13,315-13,428</i> | Perforation Depth 13315' |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2 | 13 3/8 | 395' | 400 |
| 11 | 8 5/8 | 4603' | 1720 |
| 5 1/2 | 7 7/8 | 13315' | 625 |
| | 2 3/8 | 13229' | |

| | | | |
|---|-----------------|---|------------|
| 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 trip 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 2934 | Length of Test 3.0 | Bbls. Condensate/MMCF trace | Gravity of Condensate - |
| Testing Method (pilot, back pr.) Back Pr. | Tubing Pressure (Shut-in) 3100 | Casing Pressure (Shut-in) 0 | Choke Size 24/64" |

| | | | |
|--|--|---|--|
| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED <i>FILE</i> 1982 | |
| <i>Paul T. Sandoz</i> (Signature) Engineer (Title) December 21, 1981 (Date) | | BY <i>Orin</i> Signed by Larry Sexton TITLE <i>State Engineer</i> | |
| | | 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 Forms C-104 must be filed for each pool in multiple completed wells. | |