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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

O. Drawer DD, Artesia, NM 88210		Santa	Fe, New Me	xico 8750	4-2088					
ISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FOF	ALLOWAE	BLE AND A	UTHORIZA	ATION				
	TO TRANSPORT OIL AND NATURAL GAS					Well AF	Well API No.			
perator										
Harvey E. Yates Compan	<u>y</u>						•		•	
idress	I	Invitan I	29202]	1-505-623	-6601					
P.O. Box 1933, Roswell	, New M	exico	00202	Othe	r (Please explain	1)				
eason(s) for Filing (Check proper box)	_	!- T-	anader of		,					
ew Well		Change in Tr	ry Gas	Effect	ive 9-1-9	92				
scompletion \sqsubseteq	Oil									
nange in Operator	Casinghead	GH L C	ondensate							
change of operator give name address of previous operator								·		
DESCRIPTION OF WELL A	AND LEA	SE	111 1-1-1-1	Formation	Kind of Lease Lease No.					
ease Name	Well No. Pool Name, Including Formation Austin Mississippian					State, Federal or Fee				
Richardson Fee			AUSCIII III.	301001FF				<u> </u>		
ocation	660	_	eet From The	North Lin	198	0F00	t From The _	West	Line	
Unit LetterC	- :	F	eet From the		t o a				County	
Section 5 Township	, 14S	P	ange	N	MPM, Lea					
I. DESIGNATION OF TRAN	SPARTE!	R OF OIL	AND NATU	RAL GAS			Callin Co	·	<u></u>	
I. DESIGNATION OF TRANSlarge of Authorized Transporter of Oil	STOKI E	or Condens	ie 🔀	Address (Giv	e address to whi	ich approved	copy of this Jo	XW II 10 DE 3EV	4)	
Philos Pubeline	سيهم		صر							
iame of Authorized Transporter of Casing	head Gas		r Dry Gas X	Address (Giv	e address to wh	ich approved	copy of this fo	ouston T	v 7700	
Shoreham Pipeline Com	pany			333 Cla	y Street,	Suite	4010, H	Juston, 1.	. ,,,,,	
f well produces oil or liquids,		Sec.	wp. Rge		y connected?	When	7			
ve location of tanks.	C	5 j	14S 36E							
this production is commingled with that	from any oth	er lease or po	ool, give commin	gling order nur	iber:					
V. COMPLETION DATA					-,		Di Di di	Same Res'v	Diff Res'y	
	y	Oil Well	Gas Well	New Well	Workover	Doepen	Ling Back	24the ves A	l l	
Designate Type of Completion	- (X)	1	1		1	<u> </u>	DDTD	.l	.1	
Date Spuided	Total Depth			P.B.T.D.						
ate Spudded Date Compl. Ready to Prod.							T. 1: 5 0			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Terrane (2)							Depth Casing Shoe			
Perforations			_)			
						<u></u>	.!			
	,	TUBING,	CASING AN	D CEMENT	CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CA	SING & TU	BING SIZE	DEPTH SET			SACKS CENICITY			
HOLE OILE										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE			llaumble for ti	is denth or b	e for full 24 hos	urs.)	
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of	lotal volume	of load oil and m	usi be equal to	Method (Flow, p	numm eas lift.	elc.)			
Date First New Oil Run To Tank	Date of T	est		Producing	Michigal (1, 1941)	ум. ф., g.— . у.,	•			
	Tubing Pressure			Casing Pressure			Choke Size			
Length of Test										
				Water - Bi	1.		Oas- MCI			
Actual Prod. During Test	Oil - Bbl	S.		water - Bi	J18.					
							_1	····		
CACMELL							(Caple) A	Condensale		
GAS WELL Actual Prod. Test - MCF/D	Length o	Test		Bbls. Con	Bbls. Condensate/MMCF			Gravity of Condensate		
Actual Prod. Tea - Melve					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing I	Pressure (Shu	il-in)	Casing Pr	essure (Shut-in)		Clore 5			
losting Menton (phot, cock pr.)		•					L			
Land the control	CATEC	DE COM	PLIANCE		011.00	MOED	/ATION	1 DIVISI	ON	
VI. OPERATOR CERTIFI	ICMIE C	he Oil Cons	ervation	\	OIL CO	אסבת				
I hereby certify that the rules and re Division have been compiled with a	and that the in	formation gi	ven above	11			UL	2°, 0° 8° T	2	
Division have been compiled with a is true and complete to the best of n	INN INDEDICE	HOLINGOR P.			ate Approv	/ed				
18 true and complete to the cest of h					pp.01		=nnv	CEXTON		
	Kun				ORIGINA	IL SIGNED	BA 15KK	7 <u>2</u>		
Lay .				– II Bi	/	ISTRICT !	SUPERVISO	<u></u>		
Signature Nokes	Prod	. Mgr./	Eng.	_						
Ray F. Nokes			Title		tle					

Printed Name

1<u>0-28-92</u> Date

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

<u> 505-</u>

-623

Telephone No.

- 2) All sections of this form must be filled out for allowable on new and recompleted wells. 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.