SANTA FE		
FILE		
U.S.G.S.		
LAND 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-11
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)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

R-7009 (7-1-82)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Richardson Unit	1	Austin - Miss	State, Federal or Fee Fee	

Unit Letter B; 660 Feet From The North Line and 1980 Feet From The West

Line of Section 5 Township 14S Range 36E NMPM

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X

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 or Dry Gas X
El Paso Natural Gas

Address (give address to which approved copy of this form is to be sent)
1800 Wilco Bldg, Midland, Texas 79701

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	5	14S	36E	No	3/24/82 (est)

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/4/81	2/20/82	13524	-
Elevations (DF, RKB, RT, GR, etc.) 3698' GR	Name of Producing Formation Austin - Miss	Top Oil/Gas Pay 13383	Tubing Depth 13350
Perforations Open Hole: 13393 to 13524			Depth Casing Shoe 13393

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	375	400 sxs
11	8 5/8	4600	1600 sxs
7 7/8	5 1/2	13393	1200 sxs
	2 3/8	13350	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
533	4.0 hr	trace	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pr	4350	0	32/64

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.

Rick Hardee
(Signature)

Engineer
(Title)

March 10, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1982, 19

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