

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

Address

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective March 1, 1985

In 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 Fee
Richardson Fee	3	Wildcat	State, Federal or Fee	Fee

Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The WestLine of Section 5 Township 14S Range 36E , 140004 Lea Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Refining Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 159, Artesia, New Mexico 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)

Well produces oil or liquids,
see location of tanks.

Unit	Sec.	Twp.	Rge.
D	5	14S	36E

Is gas actually connected?

No

When

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 Test	Diff. Test

Date Tested

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Locations (DF, RAB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Casinghead

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 cable 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.

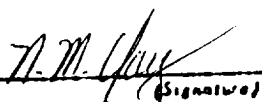
Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.



Drilling Superintendent

(Title)

February 21, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 26 1985

APPROVED _____, 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 deep well, this form must be accompanied by a tabulation of the downhole tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record.

Separate Form C-104 must be filled for each pool in and recompleted wells.

RECEIVED

FEB 25 1985

C.C.D.
HOBBS OFFICE