

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Harvey E. Yates Company

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Goodrich Com

Well No.: 1

Pool Name, including Formation: *Southwest District Wolfcamp R 8409*
Wildcat Wolfcamp R 2

Kind of Lease: State, Federal or Fee Fee

Lease No.:

Location

Unit Letter: F; 1980 Feet From The North Line and 1980 Feet From The West

Line of Section: 11 Township: 15S Range: 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P. O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Gas will be used on lease	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: F Sec: 11 Twp: 15 Rge: 35	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Hakes J.C.
(Signature)
Production Manager
(Title)
December 4, 1986
(Date)

OIL CONSERVATION DIVISION

DEC 8 1986

APPROVED: _____, 19

BY: JERRY SEXTON
DISTRICT 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	☒	New Well	☐	Workover	☐	Deepen	☐	Plug Back	☒	Same Res'v.	☐	D/L Res'v.	☐
Date Spudded	10/4/79	Date Compl. Ready to Prod.	P.B.T.D.												
Elevations (D.F., RKB, RT, CR, etc.)	3976' GL	Name of Producing Formation	12,200'												
Perforations	10,298' to 10,304' (9 holes)	Bottom Upset Depth	10,398'												
		Top Oil/Gas Pay	10,404'												
		Tubing Depth	12,770'												
		Depth Casing Shoe	1380 SXS												

TUBING, CASING, AND CEMENTING RECORD		Casing & Tubing Size		Depth Set		Sacks Cement	
Hole Size	17 1/2	Casing Pressure	13 3/8	Water - Bbls.	387	Gas - MCF	400 SXS
Length of Test	24 hours	Casing Pressure	75 (Load)	ISLM			
Actual Prod. During Test	57	Water - Bbls.		ISLM			

Date First New Oil Run To Tanks		Date of Test	12/3/86	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	57	Water - Bbls.		Gas - MCF	ISLM

Actual Prod. Test - MCF/D		Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, Back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size	

GAS WELL

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