

STATE OF NEW MEXICO
OIL AND NATURAL GAS DEPARTMENT
REGISTRATION DIVISION
SANTA FE
NEW MEXICO
SANTA FE, NEW MEXICO 87501
TRANSPORTER
OPERATION
REGISTRATION OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

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

Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Effective March 1, 1985

Exchange of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name East Lovington 8	Well No. 1	Pool Name, including Formation Northeast Lovington Penn	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>16S</u> Range <u>37E</u> N.M.P.M. Lea Co				

SIGNATION 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 ☐ <i>Superior Corp</i>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or production of tanks. Unit Sec. Twp. Rge.	Is gas actually connected? 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 as prev. Diff.
Date Logged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Revisions (DF, RAB, RF, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Revisions			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
able 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 (spot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

J. M. Vre
(Signature)

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 de-
well, this form must be accompanied by a tabulation of the des-
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able 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 con-
Separate Forms C-104 must be filed for each pool in a
re-completed well.

RECEIVED

FEB 25 1985

HOME OFFICE