

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 00-01-03  
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 88202

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter oil:	<input type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

EFFECTIVE 9-1-88

If change of ownership give name and address of previous owner Union Texas Petroleum P.O. Box 2120, Midland, Texas 77252-2120

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scott	Well No. 1	Pool Name, including Formation Northeast Caudill Wolfcamp	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>L</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>15S</u> Range <u>36E</u> N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Tipperary Corporation <u>J. L. Davis</u>	500 West Illinois, Midland, Texas 79701 <u>211 N. Colorado</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>1</u> Twp. <u>15S</u> Rge. <u>36E</u>	Yes 9-28-83

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.

A.J. Deans A.J. Deans  
(Signature)  
Executive Vice President  
(Title)  
August 18, 1988  
(Date)

OIL CONSERVATION DIVISION

AUG 22 '88

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 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.

RECEIVED

AUG 19 1998

OCD  
HOBBS OFFICE