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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	1	TO TRA	NSP	ORT OIL	AND NAT	TURAL GA	S			·				
perator							Well A	145-29641						
Harvey E. Yates Compan	Company							100000000000000000000000000000000000000						
Address	Now	Merico	882	02										
P.O. Box 1933, Roswell Reason(s) for Filing (Check proper box)	, New				Othe	t (Please expla	in)							
iew Well	* * * *	Change in			Tr. # 4	fective:	2-1-90)						
tecompletios	Oil	~~	Dry Ga Conder	-	EII	ective:	<i>α</i>							
Change in Operator	Casinghea	d (124	Concer	isate										
change of operator give name ad address of previous operator														
I. DESCRIPTION OF WELL A	ND LEA	ASE												
Lease Name	,	Well No.		lame, Includin		1 0.		Lease rederal or Fee		ase No.				
East Lovington o)	2	Noc	th East	· LOYIN	ston it	State, I							
Unit Letter	:_18	74	Feet F	rom The <u>Sc</u>	eath Line	end _559	Fee	t From The	East	Line				
Section & Township	lla	S	Range	370	= N	мрм,	Lea	·····		County				
	anonara	n of o	IY A.N.	m Natii	DAL GAS									
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	or Conden		ריין	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nu)				
Pride Operating Compan	and or removed thempt the second					x 2436, 2	Abilene,	Texas	79604					
Name of Authorized Transporter of Casing	* * * * * * * * * * * * * * * * * * *								ni)					
If well produces oil or liquids, rive location of tanks.	Unit D	Sec.	Twp.	Rge.	ls gas actuall	y connected?	?	<u> </u>						
f this production is commingled with that f	rom any oti	her lease or	11 (g.		ing order num	ber:								
V. COMPLETION DATA					<u></u>				·	- ₁				
Designate Type of Completion		Oil Well	i_	Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'y				
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.						
Elevations (DF, RKB, RT, SR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay	., I	Tubing Depth						
Perforations					Depth Casing Shoe									
						 								
	TUBING, CASING AND				CEMENTI			1	SACKS CEMENT					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		JAONS CEMENT						
	 													
THE PROPERTY OF THE PROPERTY O	TE FOR	ATT AND	ADI		\leftarrow			_1						
V. TEST DATA AND REQUES OIL WELL (Test must be after t	SI FOR	ALLUYY total volumu	ADLI of load	c. d ail and mus	be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 hou	rs.)				
Date First New Oil Run To Tank	Date of T				Producing N	sethod (Flow, p	ump, gas lift,	elc.)						
1 and of Total	Tukin - P			······································	Casing Press	pure pure		Choke Size						
Length of Tex	Tubing P	TELECITE												
Actual Prod. During Test	Oil - Bbis.				Water - Bbl	<u>.</u>		Oas- MCF						
CARWELL					_ 									
GAS WELL [Actual Prod. Test - MCF/D]	Length o	Test			Bbls. Conde	nsate/MMCF		Gravity of Condensate						
						751		Otoke Size						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Siz	• 					
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE			אופרדטי.	/ATION	DIVICI	ΩN.				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved									
Tharon H	Sharon Hill													
Signature Sharon Hill Production Analyst						Orig. Signed by Paul Kauts Title Geologist								
Printed Name /- 18-1990		505-6	Tide 5 <i>23–6</i>		Title	e	C	ologiat		<u> </u>				
Date		T	elephon	e No.										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

it 5 Copies opriate District Office P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	1					30X 2U88						
DISTRICT III		3	ianta F	e, Nev	N W	1exico 875	504-20 5	88				
1000 Rio Brazos Rd., Azzec, NM 874	REC	UEST I	FOR A	LLOV	NA	BLE AND	AUTH	10RIZ	ZATION			
I						L AND NA						
Operator Harvey E. Yates Company										API No. -025-2964]		
Address P.O. Box 1933, Roswell,	Now Moved or	. 99202										
Reason(s) for Filing (Check proper bo		0 60202					her (Plea	ee errola	ia l	 		
New Well	,	Change	n Transp	orter of:	<u>. </u>		(1	•	•			
Recompletion	Oil	<u> </u>						19991	CIIVE J	LY 1, 196	99	
Change in Operator	Casinghe	ad Gas	Conde	nsate								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WEI	L AND LE	ASE										
Lease Name		Well No.				ing Formation				of Lease		Lease No.
East Lovington 8		2	Nor	th Fas	st !	Lovington	Penn		State	Federal of E	<u> </u>	
Unit LetterI	:	1874	_ Feet Fi	rom The		South Lin	e and	554	F	eet From The	East	Line
Section 8 Town	untip 16S		Range	3	37E	, N	мрм,		Lea			County
III. DESIGNATION OF TRA	NSPORTE	ER OF O	II. AN	D NA'	ודר	RAL GAS		. :				
Name of Authorized Transporter of Oil	L X	or Conde			10		e addres	s to whic	h approved	copy of this	form is so be s	ent)
Texas-New Mexico Pipeline						P.O. Bo	x 2528	Hobb	s. New i	Mexico 88	240	
Name of Authorized Transporter of Ca	ninghead Gas		or Dry	Gas [Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150, Midland, Texas 79702						ent)
Warren Petroleum Company If well produces oil or liquids,	Unit	Sec.	Twp.	1 8	lge.	Is gas actual!			and, le		2	
give location of tanks.	P P	8	116	37		1 -	y commec Yes	uea r	When	6-24-87		
If this production is commingled with the IV. COMPLETION DATA	at from any other	er lease or	pool, giv	re comm	ungl	ing order sum	ber:			•		
COM DETION DATA		Oil Well	1 (Gas Well	1	New Well	Worko	ver	Deepen	Plue Rack	Same Res'v	Diff Res'v
Designate Type of Completion	n - (X)	1			•	1	, 	i	Docpeta			
Date Spubled	Date Com	ol. Ready to	Prod.			Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations						Top Oil/Gas	Pay			Tubing Depth		
								 		Depth Casing Shoe		
										Depar Casia	g Silve	
	T	UBING,	CASIN	NG AN	D (CEMENTI	NG RE	CORD				
HOLE SIZE	CAS	SING & TU	JBING S	IZE		DEPTH SET				SACKS CEMENT		
					_						,,	
	+								,	ļ		
												
V. TEST DATA AND REQUI IL WELL (Test must be after				il and m	ust l	be equal to or	exceed to	n allowa	ble for this	depth or be f	or full 24 hou	73.)
Date First New Oil Run To Tank	Date of Tes		,		-	Producing Me						<u> </u>
ength of Test	Tubing Pres	ssure			_	Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oli Phi			-	Water - Bbls				Gas- MCF		
	On - Bois.								····			
GAS WELL												
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF				Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
A OPERATOR CERTIFIC	TATE OF	COMP	ΙΙΔΝ	CF	_	[L		
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation							IL C	ONS	ERVA		DIVISIO	
Division have been complied with and that the information given above						į				JUN :	16 198	9
is true and complete to the best of my knowledge and belief.						Date	Appro	oved				
Drawn of	Vill								INAL CH	GNED BY	ERRY SEX	TON
Signature Sharon Hill Pr		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

505-623-6601

Printed Name

Date

6-13-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Title

Telephone No.

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
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