

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator
Harvey E. Yates

Address
PO Box 1933 Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Lovington 8	Well No. 2	Pool Name, including Formation N.E. Lovington (Sutton)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>I</u> : <u>1874</u> Feet From The <u>South</u> Line and <u>554</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>16S</u> Range <u>37-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Pride Pipe Line	Address (Give address to which approved copy of this form is to be sent) PO Box 2436 Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Davis Gas Company	Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado Midland, Texas 79701
If well produces oil or liquids, give location of tanks. Unit: <u>P</u> Sec: <u>8</u> Twp: <u>16</u> Rge: <u>37</u>	Is gas actually connected? <u>Yes</u> When <u>4-7-86</u>

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. M. Young N.M. Young
(Signature)
Drilling Superintendent
(Title)
4/10/86
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 14 1986, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	XX	Gas Well	XX	New Well	XX	Workover	Deepen	Plug Back	Same Rev.	DIL. Rev.
Date Spudded	3-7-86	Date Compl. Ready to Prod.	4-7-86	Total Depth	11800	P.B.T.D.	11719	Tubing Depth	11335	Depth Casing Shoe	11800	
Elevations (D.F., RKB, RT, CR, etc.)	3826	Name of Producing Formation	Strawn	Top Oil/Gas Pay	11498							
Perforations	11498-11538	TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	17 1/2	CASING & TUBING SIZE	13 3/8	DEPTH SET	405	SACKS CEMENT	450 sks 'C'					
	11		8 5/8		4475	1400 sks filler & 200 sks 'C'	375 sks 'H'					
	7 7/8		5 1/2		11800							
			2 3/8		11335							

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	4-8-86	Date of Test	4-9-86	Producing Method (Flow, pump, gas lift, etc.)	Flowing
Length of Test	24 Hours	Tubing Pressure	700	Casing Pressure	0
Actual Prod. During Test	Oil - Bbls. 428	Water - Bbls.	0	Gas - MCF	509

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MACF	Gravity of Condensate
Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size	
Tooling Method (Proc. back pr.)			