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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Harvey E. Yates Company</i>		Well API No. <i>30-025-23388</i>
Address <i>P.O. Box 1933, Roswell, New Mexico 88202</i>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		
<i>2500 BBL test allowable November 1989</i>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Atlantic 32 State</i>	Well No. <i>1</i>	Pool Name, Including Formation <i>Undesignated Cisco</i>	Kind of Lease State State, Federal or Fee	Lease No. <i>K-1860</i>
Location				
Unit Letter <i>C</i>	<i>660</i>	Feet From The <i>North</i> Line and <i>1980</i>	Feet From The <i>West</i> Line	
Section <i>32</i>	Township <i>18S</i>	Range <i>33E</i>	NMPM, <i>Lea</i>	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"/> <i>Pride Pipeline Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 2436, Abilene, Texas 79604</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips 66 Natural Gas</i>	Address (Give address to which approved copy of this form is to be sent) <i>4001 Penbrook, Odessa, Texas 79762</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>C</i>	Sec. <i>32</i>
	Twp. <i>18S</i>	Rge. <i>33E</i>
	Is gas actually connected? <i>Yes</i>	When? <i>March 1971</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <i>XX</i>	Gas Well	New Well	Workover	Deepen	Plug Back <i>XX</i>	Same Res'v	Diff Res'v
Date Spudded <i>12/14/69</i>	Date Compl. Ready to Prod. <i>11/21/89</i>	Total Depth <i>13650</i>	P.B.T.D. <i>13065</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3754. GL</i>	Name of Producing Formation <i>Und Cisco</i>	Top Oil/Gas Pay <i>11140</i>	Tubing Depth <i>11026</i>					
Perforations <i>11140-11245 (23 holes)</i>	Depth Casing Shoe <i>13650</i>							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>17 1/2</i>	<i>13 3/8</i>		<i>458</i>		<i>450</i>			
<i>11</i>	<i>8 5/8</i>		<i>4850</i>		<i>550</i>			
<i>7 7/8</i>	<i>4 1/2</i>		<i>13,650</i>		<i>865</i>			

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

Date First New Oil Run To Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature *A. M. Young*
Printed Name *NM Young* Title *Drilling Superintendent*
Date *11/21/89* Telephone No. *(505) 623-6601*

OIL CONSERVATION DIVISION

NOV 27 1989

Date Approved

By *JERRY SEXTON*
DISTRICT I SUPERVISOR

Title

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.

RECEIVED

NOV 22 1989

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