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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-11
Effective 1-1-65

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6/13/77
UNLESS AN EXCEPTION TO R-4070
IS GRANTED

Operator Harvey E. Yates Company, Inc. (previous operator - Honeysuckle Exploration Corporation)	
Address 1610 N. J, Midland, Texas 79701 Suite 1000 Security National Bank Bldg., Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of Operator
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name State 22	Well No. 1	Pool Name, Including Formation Undesignated - Queen	Kind of Lease State, Federal or Fee State	Lease No. L-4253
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East Line of Section 22 Township 18S Range 35E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Co.		P. O. Drawer 175, Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Negotiating contract				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 22	Twp. 18S	Rge. 35E
				Is gas actually connected? No
				When

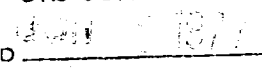
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA				
Designate Type of Completion - (X)				
	Oil Well	Gas Well	New Well	Workover
				Deepen
				Plug Back
				Same Reservoir
				Entire Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	
Perforations			Tubing Depth	
			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 allowable 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	Epis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
Vice President	
(Title)	
May 25, 1977	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED  19	
BY _____	
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 tests taken on the well in accordance with RULE 110.	
All sections of this form must be filled out completely for allowable on new and re-completed wells.	
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	