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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator	CAPROCK OIL + GAS, INC.	
Address	P.O. BOX 828, ANDREWS, TEXAS 79714 (915-523-6245)	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	EFFECTIVE DATE: 6-1-87
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **HAMON OPERATING COMPANY, 325 N. ST PAUL, SUITE 3900 DALLAS, TEXAS 75201**

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
STATE OG 2414	1	E-K YATES, SEVEN RIVERS QUART	STATE	OG 2414
Location				
Unit Letter	E	2310 Feet From The	NORTH Line and	660 Feet From The
				WEST
Line of Section	7	Township	18-S	Range
				34-E , NMPM,
				LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
KOLH SERVICES, INC.	P.O. BOX 1558 BRECKENRIDGE, TEXAS 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
N/A (NO EXCESS GAS)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	7	18-S	34-E	NO	

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 Res.	Diff. Res.
X	X					X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-10-85	3-10-86	3562'	3562'					
Elevations (DF, RKB, RT, OR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4091' GR	YATES	3321'	3493.76'					
Perforations			Depth Casing Shoe					
3321'-25', 3331'-37', 3347'-53', 3426'-28'			3425'					
3434'-41'	3444'-47'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13" 3/8"	375'	400 SX					
11"	8" 5/8"	3725'	1550 SX					

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.)	
3-10-86	3-26-86	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	0	0	OPEN
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
10 BBLs.	10 BBLs	0	6

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

James F. Collins CEO.
HAMON OPERATING COMPANY
Shirley Collins PRES.
CAPROCK OIL + GAS, INC.

OIL CONSERVATION COMMISSION

APPROVED **OCT 14 1987**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I SUPERVISOR**

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.

6-1-87

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JUN 16 1987

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HOBBS OFFICE**