

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Harvey E. Yates Company	
Address P.O. Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Effective August 1, 1987

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness 11 Federal	Well No. 1	Pool Name, including Formation Mescalero Escarpe Bonespring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-53381
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11
	Twp. 18	Rge. 33
	Is gas actually connected? Yes	When 1/12/87

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.

Sharon Hill  
(Signature)  
Production Analyst  
(Title)  
June 26, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED: JUN 29 1987, 19  
BY: Paul Kautz  
Orig. Signed by  
Geologist  
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.

**RECEIVED**

**JUN 29 1987**

**OCD  
HOBBS OFFICE**