

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

Form C-104
Revised 10-01-78
Format 06-01-83
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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate
 Other (Please explain)
 Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness 11 Federal	Well No. 1	Pool Name, including Formation Undesignated BoneSprings	Kind of Lease State, Federal or Fee Federal	Lease No. NM 53381
Location Unit Letter L; 990 Feet From The West Line and 1980 Feet From The South Line of Section 11 Township 18 Range 33, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

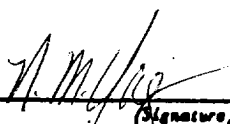
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipe Line	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, Tx 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit L Sec. 11 Twp. 18 Rge. 33	Is gas actually connected? When NO

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

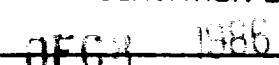
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


N.M. Young
Drilling Superintendent
(Title)
12-02-86
(Date)

OIL CONSERVATION DIVISION

APPROVED:  1986, 19
BY: ORIGINAL SIGNED BY JERRY SEXTON
TITLE: DISTRICT 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dif. Res'v.
		XX		XX					
Date Spudded 10-18-86	Date Compl. Ready to Prod. 12-2-86	Total Depth 9926				P.B.T.D. 9802			
Elevations (DF, RKB, RT, CR, etc.) 3997 GL	Name of Producing Formation BoneSprings	Top Oil/Gas Pay 8644				Tubing Depth 8540			
Perforations 8644-8670						Depth Casing Shoe 9926			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	400	400 sks
11	8 5/8	3230	1300 sks
7 7/8	5 1/2	9926	1975 sks

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 11-27-86	Date of Test 11-27-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 Hours	Tubing Pressure 475	Casing Pressure 0	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 140	Water - Bbls. 80	Gas - MCF 168

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

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