

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, NM 88201

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness 10 Federal	Well No. #1	Pool Name, including Formation Mescalero Escarpe Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-53380
Location Unit Letter I : 330 Feet From The East Line and 1650 Feet From The South Line of Section 10 Township 18-S Range 33-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

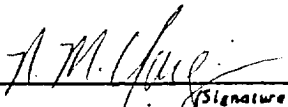
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Pride Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit I Sec. 10 Twp. 18 Rge. 33	Is gas actually connected? No When

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.


Drilling Superintendent
(Title)
April 15, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 20 1987, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	☒	Gas Well	☐	New Well	☐	Workover	☐	Deepen	☐	Plug Back	☐	Some Rekey	☐	Diff. Rekey	☐
Date Spudded	3/4/87	Date Compl. Ready to Prod.	4/6/87		Total Depth	9587		P.B.T.D.	9515		Tubing Depth	8484		Depth Casing Shoe	9587		
Elevations (D.F., RKB, RT, GR, etc.)	3992.4 GL	Name of Producing Formation	Bone Spring		Top Oil/Gas Pay	8610		Tubing Depth	8484		Depth Casing Shoe	9587					
Performances	8610-8698	TUBING, CASING, AND CEMENTING RECORD															
HOLE SIZE		CASING & TUBING SIZE	13 7/8		415	450 SKS		SACKS CEMENT									
	17 1/2		8 5/8		3150	1350 SKS											
	7 7/8		5 1/2		9587	1950 SKS											

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 Tanks	4/11/87	Date of Test	4/12/87		Producing Method (Flow, pump, gas lift, etc.)	Flowing	
Length of Test	24 hrs.	Tubing Pressure	500		Casing Pressure	0	
Actual Prod. During Test	290	Oil-Bbls.	235		Water-Bbls.	55	
		Gas-MCF			Choke Size	16/64	

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Bbls-in)	Casing Pressure (Bbls-in)	Choke Size

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