

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
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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 Co.

Address  
P.O. Box 1933, Roswell, NM 88201

Reason(s) for filing (Check proper box)

|  |   |                                     |                                  |
|--|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Oil        | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |                                  |
| <input type="checkbox"/> Change in Ownership |   |                                     |                                  |

Other (Please explain)  
\*\* 1000 bbls testing allowable

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                |   |  |                       |
|---|----------------|---|--|-----------------------|
| Lease Name<br>Caviness 10 Federal   | Well No.<br>#1 | Pool Name, including Formation<br>Mescalero Escarpe Bone Spring | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM-53380 |
| Location<br>Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u><br>Line of Section <u>10</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"/><br>Pride Pipeline | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2436 Abilene, Texas 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,<br>give location of tanks.  | Unit Sec. Twp. Rge.<br>I 10 18 33  |
| Is gas actually connected?   | 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.

A. N. Adams  
(Signature)  
V. P. L. L. L. L. L.  
(Title)  
4-9-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 1987, 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.

**RECEIVED**

APR 10 1987

OCB  
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