

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness 10 Federal	Well No. 3	Pool Name, including Formation Mescalero Escarpe-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-53380
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> 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

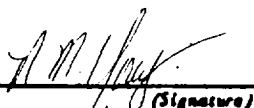
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <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.	Is gas actually connected? When
Unit : <u>I</u> Sec. : <u>10</u> Twp. : <u>18</u> Rge. : <u>33</u>	Yes : <u>9/12/87</u>

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.



NM Young

Drilling Superintendent

(Title)

September 17, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED 1987, 19

BY Eddie W. Sery

TITLE Oil & Gas Inspector

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/4/87	Date Compl. Ready to Prod. 9/11/87		Total Depth 9660		P.B.T.D. 9600				
Elevations (DF, RKB, RT, GR, etc.) 4010.4 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8573		Tubing Depth 8447				
Perforations 8573-8646						Depth Casing Shoe 9660			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		406		400			
11		8 5/8		3152		1030			
7 7/8		5 1/2		9660		2010			

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 9/11/87	Date of Test 9/14/87	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 240	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test 249	Oil-Bbls. 240	Water-Bbls. 9	Gas-MCF 189

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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