

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
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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 88202

Reason(s) for listing (Check proper box)

<input checked="" 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)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-88 UNLESS AN EXCEPTION TO R-407 IS OBTAINED.

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 French 36 State	Well No. 1	Pool Name, including Formation Querecho Plains Lower Bone Springs	Kind of Lease State, Federal or Fee	State Lea	Lease No. V.1358
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Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West
Line of Section 36 Township 18S Range 32E , NMPLM, 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 PIPELINE COMPANY	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 <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 D	Sec. 36	Twp. 18S	Rge. 32E	Is gas actually connected? NO	When
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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.


(Signature)
Production Manager/Engineer
(Title)
February 9, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED: FEB 17 1988, 19____
BY: ORIGINAL SIGNED BY JERRY SEXTON
TITLE: DISTRICT I 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
Date Spudded 10-2-87	Date Compl. Ready to Prod. 10-20-87		Total Depth 10,250			P.B.T.D. 9900			
Elevations (DF, RKB, RT, CR, etc.) 3729 GL	Name of Producing Formation BONE SPRING		Top Oil/Gas Pay 9582			Tubing Depth 9034			
Perforations 9582-9610'						Depth Casing Shoe 10,250'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2	13 3/8		403			425 Circ to surf			
11	8 5/8		3115			1300 Circ to surf			
7 7/8	5 1/2		10,250			1st 475 2nd 1100 TOC 2350			
	2 3/8		9034						

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 1-23-88 (frac tank)	Date of Test 2-2-88	Producing Method (Flow, pump, gas lift, etc.) Pumping (Down hole jet pump)	
Length of Test 24	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 9	Gas - MCF TSIM

GAS WELL

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