– Submit 5 Copieś Appropriate District Office <u>DISTRICT II</u> 2.0. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> 2.0. Drawer DD, Artesia, NM 88210	• .	L COI	NSERVA P.O. Bo	TION I x 2088	rces Department		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT III 1000 Rio Bizzos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-208 REQUEST FOR ALLOWABLE AND AUTH TO TRANSPORT OIL AND NATURA						·	
Openior <u>Harvey E. Yates Compan</u> Address						Well A 30	-025-30060	
P.O. BOX 1933, ROSWell Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator f change of operator give name	• *	inge in Tran	sporter of:		t (Please expla Fective :)	
I. DESCRIPTION OF WELL A	ND LEASE	}						
Lease Name <u>CAVINESS</u> IL Fole. Location Unit Letter <u>E</u>	1 1 -	<u>> </u>	Name, Includir NESCA(E 1 From The LL	ROFC	ARPEB	S. State,	et From The DOT the Line	
Section (Township	185	Rar	22/2	-	1РМ,	Lec		
Pride Operating Company P.O					ALGAS Address (Give address to which approved copy of this form is to be sent) 2.0. Box 2436, Abilene, Texas 79604 Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, pive location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected				connected?	When ?		
f this production is commingled with that fr V. COMPLETION DATA	om any other le	ase or pool,	give commingli	ng order numb	er:			
Designate Type of Completion - Date Spudded	(X) Date Compl. R	il Well eady to Pro	Gas Well d.	New Well Total Depth	Workover	Deepen	Plug Back Same Res'v Diff Res'v P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Forma	lion	Top Oil/Gas Pay			Tubing Depth	
Perforations							Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT	
					exceed iop allo		s depth or be for full 24 hours.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	
GAS WELL Actual Prod. Test - MEF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate	
Tossing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Signature Sharon Hill Production Analust Printed Name Division Solution Title Division Telephone No.				OIL CONSERVATION DIVISION Date Approved JAN () 2 1990 By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title				

••

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.