

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company Well API No. 30-025-30330

Address P.O. Box 1933, Roswell, New Mexico 88202

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☒ Dry Gas ☐

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Effective: 1-1-90

If change of operator give name and address of previous operator \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Cawiness 10 Federal	Well No. 4	Pool Name, Including Formation Mesquero Escarpe B.S.	Kind of Lease State, (Federal) or Fee	Lease No. NM53380
Location				
Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>11</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Pride Operating Company				P.O. Box 2436, Abilene, Texas 79604		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Conoco Inc.						
Is well produces oil or liquids, give location of tanks.	Unit #1	Sec. 10	Twp. 18	Rge. 33	Is gas actually connected? yes	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

## V. COMPLETION DATA

<b>Designate Type of Completion - (X)</b>	<b>Oil Well</b>	<b>Gas Well</b>	<b>New Well</b>	<b>Workover</b>	<b>Deepen</b>	<b>Plug Back</b>	<b>Same Res'v</b>	<b>Diff Res'v</b>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations ( <i>DF, RKB, RT, GR, etc.</i> )	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

## 7. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MMCF/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

## VL 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.

5 Will

Signature	Sharon Hill		Production Analyst
Printed Name	12-28-89		Title
Date	505-623-6601		Telephone No.

## OIL CONSERVATION DIVISION

**JAN 02 1990**

Date Approved

By

Title

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

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