

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company		Well API No. 30-025-30608
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-1-89</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cal-Mon 15 State	Well No. #1	Pool Name, Including Formation Mescalero Escarpe-Bone Spring	Kind of Lease <input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal or Fee	Lease No. LG-6631
Location				
Unit Letter D	660	Feet From The North	Line and 990	Feet From The West
Section 15	Township 18S	Range 33E	NMPM,	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Pride Pipeline Co.	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)	
Conoco, Inc.	P.O. Box 2197, Houston, Texas 77252	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15
	Twp. 18	Rge. 33
	Is gas actually connected? No	
	When ?	
If this production is commingled with that from any other lease or pool, give commingling order number:		

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 5/31/89	Date Compl. Ready to Prod. 7/26/89		Total Depth 9822		P.B.T.D. 9760			
Elevations (DF, RKB, RT, GR, etc.) 3926.4 GI	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9005		Tubing Depth 8766			
Perforations 9431 9005-8431					Depth Casing Shoe 9822			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		410		425			
12 1/4	8 5/8		3114		1950			
7 7/8	5 1/2		9822		2100			
	2 3/8		8766					

V. 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 7/27/89	Date of Test 7/30/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size N-A
Actual Prod. During Test 134	Oil - Bbls. 124	Water - Bbls. 10	Gas - MCF 112

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

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 NM Young Drlg Superintendent
Printed Name 8/1/89 Title (505) 623-6601
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 7 1989
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.
- 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.

100-443888-100
100-443888-101
100-443888-102
100-443888-103
100-443888-104

100-443888-105
100-443888-106
100-443888-107

RECEIVED

AUG 4 1989

OCD
HOBBS OFFICE