

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. 30-025-30608 |
| Address P.O. Box 1933, Roswell, New Mexico 88202 | |
| Reason(s) for Filing (Check proper box) <input checked="" 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"/> 2000 bbl test allowable July 1989 | |
| Change of operator give name and address of previous operator | |

I. 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 (State, Federal or Fee) | Lease No. LG-6631 |
| Location Unit Letter D : 660 Feet From The North Line and 990 Feet From The West Line Section 15 Township 18S Range 33E, NMPM, Lea 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"/> 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 Sec. Twp. Rge. Is gas actually connected? When ? D 15 18 33 No ---- |
| this production is commingled with that from any other lease or pool, give commingling order number: | |

V. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded 5-31-89 | Date Compl. Ready to Prod. 7-26-89 | Total Depth 9822 | P.B.T.D. 9760 | | | | | |
| Reservoirs (DF, RKB, RT, GR, etc.) 3926.4 GL | Name of Producing Formation Bone Spring | Top Oil/Gas Pay 9005 | Tubing Depth 8766 | | | | | |
| Perforations 9005-9431 | | | 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 | | |

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 - 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 |

III. 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 Micky Young Drilling Superintendent
Printed Name Micky Young Title Drilling Superintendent
Date 7-27-89 Telephone No. 505-623-6601

OIL CONSERVATION DIVISION

JUL 31 1989

Date Approved _____
By Eddie W. Seay
Title Oil & Gas Inspector

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.

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