

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

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

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. 30-025-30634
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> change of operator give name _____ and address of previous operator _____		

Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

I. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness 11 Federal	Well No. #3	Pool Name, Including Formation Mescalero Escarpe Bone Springs	Kind of Lease State (Federal) or Fee	Lease No. NM-53381
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>18S</u> Range <u>33E</u> , 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, Midland, Texas 79702					
well produces oil or liquids, or location of tanks.	Unit L	Sec. 11	Twp. 18	Rge. 33	Is gas actually connected? No	When ?

this production is commingled with that from any other lease or pool, give commingling order number: _____

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 6/26/89	Date Compl. Ready to Prod. 8/13/89		Total Depth 9435		P.B.T.D. 9377			
Productions (DF, RKB, RT, GR, etc.) 4043.4 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8744		Tubing Depth 8439			
Productions 8614-8103 8744-74					Depth Casing Shoe 9435			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	429	425 sks
12 1/4	8 5/8	3158	1600 sks
7 7/8	5 1/2	9435	1675 sks
	2 3/8	8439	

TEST DATA AND REQUEST FOR ALLOWABLE

L 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 8/14/89	Date of Test 8/17/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Initial Prod. During Test 244	Oil - Bbls. 103	Water - Bbls. 141	Gas - MCF 87.5

AS WELL

Initial 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 NM Young by U.T.
NM Young
Title
8/18/89
Telephone No. (505) 623-6601

Drlg Superintendent

OIL CONSERVATION DIVISION

AUG 22 1989

Date Approved _____
By _____
Title _____
Orig. Signed by
Paul Kautz
Geologist

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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