Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Ener. Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| • | | TO TRA | NSP | ORT OII | <u> AND NA</u> | TURAL G | | | | | |
|--|--|--|----------|---------------------|--|-------------------------|---------------------------|-----------------------|----------------------|--|--|
| Operator Hamilton F. Varios Company | | | | | | | Well | /ell API No. | | | |
| Harvey E. Yates Company | | | | | | | | 30-025-30634 | | | |
| **** | well, I | New Me | xico | 88202 | | | | | | | |
| leason(s) for Filing (Check proper box) | | | | | X Out | et (Please expl | ain) | | | | |
| ew Well Change in Transporter of: | | | | | | | | | | | |
| Accompletion U Oil Ury Gas U 2000 bbl test allowable Change in Operator Casinghead Gas Condensate Cury 1989 | | | | | | | | | | й | |
| Casinghead Gas Condensate Change of operator give name | | | | | | | | | | | |
| id address of previous operator | | | | | | · | | | | | |
| . DESCRIPTION OF WELL | AND LEA | ASE | | | | | | | | | |
| ease Name Well No. Pool Name | | | | ame, Includi | iding Formation | | | Kind of Lease | | 3381 | |
| Caviness 11 Federal | #3 | Mes | scalero | Escarpe Bone Apring | | | ate, Federallor Fee NM-53 | | 3381 | | |
| ocation D | Novth | . 330 | 3 | West | | | | | | | |
| Unit Letter D : 990 Feet From | | | | rom The | North Line and 330 | | | Feet From TheLine | | | |
| Section 11 Township 18S Range 33E NMPM, Lea | | | | | | | | | s a | | |
| Section 11 Township |) <u>1</u> | 03 | Range | | , N | MrM, | | | | County | |
| II. DESIGNATION OF TRANS | SPORTE | R OF O | LAN | D NATU | RAL GAS | | | | | | |
| lame of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | |
| Texas-New Mexico Pipe | P.O. Bo | P.O. Box 2528, Hobbs, New Mexico 88240 | | | | | | | | | |
| lame of Authorized Transporter of Casing | head Gas | | or Dry | Address (Giv | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| | | | <u> </u> | | Is gas actually connected? | | | | | | |
| well produces oil or liquids, ve location of tanks. | Unit Sec. | | Twp. | 1 33 | | y connected? | When | ? | | | |
| this production is commingled with that f | ļl | | | | <u></u> | | | | | —————————————————————————————————————— | |
| V. COMPLETION DATA | , | | , , | | | | | | | | |
| | | Oil Well | 7 | Gas Well | New Well | Workover | Deepen | Plug Back San | me Res'v | Diff Res'v | |
| Designate Type of Completion - | | XX | | | <u> </u> | <u> </u> | 1 | LL_ | | | |
| ale Spudded | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | | | |
| 6/26/89 | 8/13/89 | | | | 9435 | | | 9377 | | | |
| 4043.4 GL | vations (DF, RKB, RT, GR, etc.) Name of Producing Formation Rope Springs | | | | | Top Oil/Gas Pay 8744 | | | Tubing Depth 8439 | | |
| 4043.4 GL Bone Springs | | | | | | | | Depth Casing Shoe | | | |
| 8744-74 | | | | | | | | 9435 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | | | |
| HOLE SIZE | | | | | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2 | 13 3/8 | | | | 42 | | | 425 sk | | | |
| 12 1/4 | 8 5/8 | | | 3158 | | | 1600 sks | | | | |
| 7 7/8 5 1/ | | | | | 9435 | | | 1675 sks | | | |
| TEST DATA AND REQUES | T EOD A | $\frac{2}{110W}$ | | | 843 | 9 | | l | | | |
| IL WELL (Test must be after re | | | | oil and must | be equal to or | exceed top allo | wable for this | depth or be for f | ull 24 hour | e) | |
| ate First New Oil Run To Tank | Date of Tes | | , | | | thod (Flow, pu | | | | | |
| | | • | | | | | | | | | |
| ength of Test | Tubing Pressure | | | | Casing Pressu | re | | Choke Size | | | |
| | | | | | | | | | Con MCE | | |
| ctual Prod. During Test Oil - Bbls. | | | | | | Water - Bbis. | | | Gas- MCF | | |
| | | | | | L | · | | ļ | | | |
| SAS WELL | Y | | | | MCC: A | A B 100 | | 10 | | | |
| ctual Prod. Test - MCF/D | Length of T | est | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| sing Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Pressu | re (Shut-in) | | Choke Size | | | |
| was warm (paint, care pro- | | | | (| | | | | | | |
| I OPERATOR CERTIFICA | TE OF | COMP | IAN | CF | <u> </u> | | | <u> </u> | | | |
| I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation | | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above | | | | | AUG 1 6 1989 | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | Date Approved | | | | | | |
| 410 | | | | | | | | | | | |
| Simon af Nesna | | | | | Ву | By Orig. Signed by | | | | | |
| A.J. Deans Ex Vice-President | | | | | Paul Kauts | | | | | | |
| Printed Name Title | | | | | Title | | | Ge | ologist | | |
| 8/14/89 (505) 623-6601 | | | | | | | | | | | |
| Date | | rejeb | DOBS NO | 0. | | | | | | | |

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.

NECEIVED

AUG 15 1989 HOBBS OFFICE