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State of New Mexico
Energy, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company	Well API No. 30-025-30638
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Completion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lusk 16 State	Well No. 2	Pool Name, Including Formation West Lusk Delaware	Kind of Lease (State) Federal or Fee	Lease No. VB-0176
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>19 South</u> Range <u>32 East</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company	or Condensate <input type="checkbox"/>	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 Phillips 66 Natural Gas Co.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 336 + 1516 Bldg. Bartlesville OK 74007				
Well produces oil or liquids, or location of tanks.	Unit M	Sec. 16	Twp. 19S	Rge. 32E	Is gas actually connected? yes	When? 9-29-89

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

IV. COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" 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 7-30-89	Date Compl. Ready to Prod. 8-23-89	Total Depth 6600	P.B.T.D. 6553
Reservoirs (DF, RKB, RT, GR, etc.) 3604.0 GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 6504	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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
Sealing 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.

Sharon K. Hill
Signed Sharon Hill - PROD ANALYST
Printed Name Sharon Hill Title PROD ANALYST
Date 9-29-89 Telephone No. 505-623-6001

OIL CONSERVATION DIVISION
OCT 2 1989

Date Approved _____

By _____
Orig. Signed by Paul Kautz
Geologist

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.

10-1-84

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RECEIVED

OCT 2 1984

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