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State of New Mexico  
Energy Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**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) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-1-89</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

**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> , NMPM, Lea 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	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 M	Sec. 16
	Twp. 19S	Rge. 32E
	Is gas actually connected? No	When ?
If 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-30-89	Date Compl. Ready to Prod. 8-23-89		Total Depth 6600		P.B.T.D. 6553			
Elevations (DF, RKB, RT, GR, etc.) 3604.0 GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 6504		Tubing Depth 6538			
Perforations 6506					Depth Casing Shoe 6600			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	9 5/8	450	500 "C" w/2%
7 7/8	5 1/2	6600	3000 filler & 475 Tail

**VI. 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 8-24-89	Date of Test 8-26-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test 69	Oil - Bbls. 42	Water - Bbls. 27	Gas - MCF TSTM

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VII. 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.

W. M. Young  
NM Young Drilling Superintendent  
Printed Name  
August 29, 1989  
Date  
Telephone No.

**OIL CONSERVATION DIVISION**  
**SEP - 6 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.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

RECEIVED

SEP 15 1989

OCD  
HOBBS OFFICE