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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. 30-025-30674
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: 2000 bbl Test Allowable 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"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cal-Mon 15 State	Well No. #2	Pool Name, Including Formation Mescalero Escarpe Bone Springs	Kind of Lease (State, Federal or Fee)	Lease No. LG-6631
Location Unit Letter C : 1980 Feet From The West Line and 660 Feet From The North Line Section 15 Township 18S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <input checked="" type="checkbox"/> 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 - <input checked="" 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 C	Sec. 15	Twp. 18	Rge. 33	Is gas actually connected? No	When ? -

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

IV. 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 9/26/89	Date Compl. Ready to Prod. 11/15/89		Total Depth 11,400		P.B.T.D. 9700			
Elevations (DF, RKB, RT, GR, etc.) 3929.4 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9024		Tubing Depth 8810			
Perforations 9024-9398					Depth Casing Shoe 9916			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		420		425			
12 1/4	8 5/8		3200		1400			
7 7/8	5 1/2		11400		1600			
	2 7/8		8810					

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
Testing 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.

Signature A. M. Young Drlg Superintendent
Printed Name NM Young Title
Date 11/15/89 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved NOV 1 ' 1989

By Paul Kautz Orig. Signed by
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.

RECEIVED

NOV 16 1989

OCD
HOBBS OFFICE