

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|------------------------------|
| Operator Harvey E. Yates Company | Well API No. 30-025-31222 |
| Address P.O. Box 1933, Roswell, N.M. 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"/> | |
| If change of operator give name and address of previous operator _____ | |

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-14-91
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|---|---------------------|
| Lease Name Atlantic 32 State | Well No. #2 | Pool Name, Including Formation Buffalo Queen | Kind of Lease State, Federal or Fee- | Lease No. K-1860 |
| Location Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line Section 32 Township 18S Range 33E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|------------|------------|----------------------------------|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Company | 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 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. 32 | 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 5/20/91 | Date Compl. Ready to Prod. 6/12/91 | | Total Depth 5118 | | P.B.T.D. 5056 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3743.5 GL | Name of Producing Formation Queen | | Top Oil/Gas Pay 4428 | | Tubing Depth 4325 | | | |
| Perforations 4424-28' | | | | | Depth Casing Shoe 5118 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4 | 8 5/8" 32# | | 417' | | 350 | | | |
| 7 7/8 | 5 1/2" 17# | | 5118' | | 1630 | | | |

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 6/14/91 | Date of Test 6/12/91 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure n/a | Casing Pressure n/a | Choke Size n/a |
| Actual Prod. During Test 138 | Oil - Bbls. 110 | Water - Bbls. 28 | Gas - MCF 211 |

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 Vickie Teel
Printed Name Vickie Teel Prod. Analyst
Date 6/27/91 Title
Telephone No. 505/623-6601

OIL CONSERVATION DIVISION

Date Approved _____
By Paul R. Smith
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.