Submit 5 Copies Appropriate District Office DISTRICT I	
DISTRICT	

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

En	y, 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	

<u>I.</u>	тот	FRANSPC	DRT OIL	AND NATL	HAL GA		61.51	·	
Opentor Harvey E. Yates Com				API No. 0-025-31353					
Address	<u> </u>	00202							<u></u>
P.O. BOX 1933, ROS Resson(s) for Filing (Check proper box)	well, N.M.	88202		K Other (	Please expla	in]			
New Well	Chang	ge in Transpor	ter of:		connec				
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condens	nate				. <u></u>		
If change of operator give name and address of previous operator									. <u></u>
U. DESCRIPTION OF WELL	AND LEASE	Dib	$\geq m$	216	Ale				
Lease Name EKay 28 State	Well #2			ng Formation one Spring	7/1/3	Kind c	of Lease Federal or Fee	Lea V-204	m Na. LA
						<u>~_l_</u>		1	·····
Unit Letter P	:660	Feet Fro	m The	south Line an	d 66	0 Fo	et From The	east	Line
Section 28 Townshi	p 185	Range	34E	, NMPI	м,		]	Lea	County
III. DESIGNATION OF TRAN	SPORTER OF	TOU AND	NATH						
Name of Authorized Transporter of Oil		ndensale r		Address (Give a	idress io wh	ich approved	copy of this form	n is 10 be sent	)
Pride Pipeline Co.		L	J	P.O. Box	2436,	Abilene	, Texas	79604	
Name of Authorized Transporter of Casing	ghead Gas 🛛 🗙	] or Dry C	Gas 🛄	Address (Give ad					)
Conoco, Inc.			. <u> </u>	P.O. Box				77252	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actually co Yes		When 5	/22/92		
If this production is commingled with that IV. COMPLETION DATA	from any other leas	e or pool, give	commingi	ing order number:					
$\overline{\mathbf{N}}$	Oil	Well G	as Well	New Well   W	orkover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion		<u>     i    </u>		ii		i	i	İ	
Date Spudded	Date Compl. Read	dy to Prod.		Total Depth			<b>P.B.T.</b> D.		
Elevations (DF, RKB, RT, OR, etc.)	Name of Producin	ng Formation	<del></del>	Top Oil/Gas Pay		<u>_</u>	Tubing Depth	/	
	1								
Perforations	<b>`</b>						Depth Casing S	Shoe	
Perforations	$\searrow$						Depth Casing S	Shoe	
				CEMENTING					17
Perforations HOLE SIZE		NG, CASIN			RECORI			Shoe CKS CEMEN	NT.
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	CASING	TUBING SI							11
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	CASING	A TUBING SI		DE	eed 10p allo	wable for this	SA depih or be for	CKS CEMEN	
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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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  Separate Form C-104 must be filed for each pool in multiply completed wells.