

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

Operator Harvey E. Yates Company		Well API No. 30-025-31353
Address P.O. Box 1933, Roswell, N.M. 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: FLARED AFTER 6-29-92	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED.
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name EKay 28 State	Well No. #2	Pool Name, Including Formation Undes. Bone Spring	Kind of Lease <u>State</u> Federal or Fee	Lease No. V-2040
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>18S</u> Range <u>34E</u> , 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 P	Sec. 28	Twp. 18	Rge. 34	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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/30/91	Date Compl. Ready to Prod. 4/29/92		Total Depth 11,502'		P.B.T.D. 9293'			
Elevations (DF, RKB, RT, GR, etc.) 4012.7 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9190		Tubing Depth 9067			
Performations 9190-9205' (oa)					Depth Casing Shoe 11,502'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"; 54.5#		479'		475			
12 1/4"	8 5/8"; 32#		3478'		1655			
7 7/8"	5 1/2"; 17		10,502'		2210			

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 4/29/92	Date of Test 4/29/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 1 hour / 24 hrs	Tubing Pressure 550#	Casing Pressure "0"	Choke Size 14/64"
Actual Prod. During Test 12	Oil - Bbls. 12 / 288	Water - Bbls. 0	Gas - MCF TSTM

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 Drlg/Prod Analyst
Printed Name 4/30/92 Title 505/623-6601
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 04 '92
By _____
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.