

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Harvey E. Yates Company		Well API No. 30-125-26640
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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		
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 Young Deep Unit	Well No. #1	Pool Name, Including Formation Young Wolfcamp	R-4447 3/1/91	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-14789-A
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 10 Township 18S Range 32E, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Company	P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Gas Company	P.O. Box 1967, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 18	Rge. 32	Is gas actually connected? Yes	When? 11/2/90

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/28/80	Date Compl. Ready to Prod. 10/30/90 on PB		Total Depth 14,095'		P.B.T.D. 12,240'			
Elevations (DF, RKB, RT, GR, etc.) 3845.8 GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,406'		Tubing Depth 10,300'			
Performances 10,406-46' (41 holes), + 10,596-600' (11 holes)					Depth Casing Shoe 13,944'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
orig 17 1/2"	13 3/8"		640'		550			
orig 11"	8 5/8"		4500'		1350			
orig 7 7/8"	5 1/2"		13,944'		1850			
	2 7/8"		10,300'					

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 10/31/90	Date of Test 11/2/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 16 hrs	Tubing Pressure 1000#	Casing Pressure 0	Choke Size 8/64"
Actual Prod. During Test 269	Oil - Bbls. 269	Water - Bbls. trace	Gas - MCF 317

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
V. Teel Prod. Sec.
Printed Name _____ Title _____
Date 11/6/90 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved NOV 6 1990
By [Signature]
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.