

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF APPLICATION	
DISTRICT	
SANTA FE	
FILE	
UNIT	
CASE OFFICE	
TRANSPORTER	
OPERATION	
PERMITS OFFICE	

Harvey E. Yates Company

Address

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Plug Back to Bone Springs

Approval to flare casinghead gas from

this well must be obtained from the

Minerals Management Service. *MSM*If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Young Deep 4 Federal	1	North Young Bone Springs	State, Federal or Fee Fed. NM	4364
Location				
Unit Letter	0	660 Feet From The	South	Line and 1980 Feet From The East
Line of Section	4	Township	18S	Range 32E, NMPM, Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Koch Oil Company	P. O. Box 3609, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	1800 Wilco Bldg, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	4
	18S	32E
	NO	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Test	Diff. Test
X						X		
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/25/80	3/1/84	12,951	8875					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3846.9	Bone Springs	8791'	8722					
Perforations	Depth Casing Shoe							
8791' to 8832'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	634	600 SXS
11	9 5/8	4880	2650 SXS
7 1/2	4 1/2	12941	500 SXS

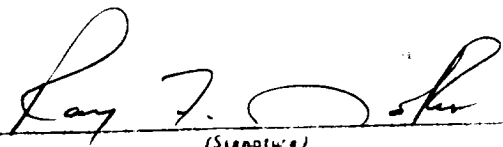
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/1/84	3/6/84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	180		20/64
Actual Prod. During Test	Oil-ibbls.	Water-ibbls.	Gas-MCF
	145	0	95

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	ibbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

Engineer

(Title)

May 25, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 28 1984

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the data
taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of condSeparate Form C-104 must be filed for each pool in the
related wells.

RECEIVED
MAY 28 1984
O.C.D.
HOBBS OFFICE