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State of New Mexico
Energy, 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

Operator Harvey E. Yates Company		Well API No. 30-025-27121
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Young Deep Unit	Well No. 2	Pool Name, Including Formation Young Bone Spring, North	Kind of Lease State, Federal or Fee	Lease No. NM-16350-A
Location Unit Letter C : 660' Feet From The North Line and 1980' 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"/> Pride Operating 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 5 B4 Phillips Bldg, Bartlesville, Ok 74004					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 18s	Rge. 32e	Is gas actually connected? Yes	When? 11-2-93

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 X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v X	Diff Res'v
Date Spudded 11-5-80	Date Compl. Ready to Prod. 12-11-80		Total Depth 9007		P.B.T.D. 8942			
Elevations (DF, RKB, RT, GR, etc.) 3853.8' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8650		Tubing Depth 8551'			
Perforations Open Hole from 8650- 8942'					Depth Casing Shoe 8650'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		666		650			
11	8 5/8		4640		1400			
7 7/8	4 1/2		8650		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 9-17-93	Date of Test 10-28-93	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1.5" x 20'	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 194	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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
Ray E. Nokes Production Manager/ Engineer
Printed Name
11-2-93 1-505-623-6601
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 05 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.