

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Harvey E. Yates Company	
Address P. O. Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Young Deep 3 Federal	Well No. 4	Pool Name, including Formation North Young Bone Springs	Kind of Lease State, Federal or Fed	Lease # NM 036852
Location				
Unit Letter 0	: 1200'	Feet From The FSL	Line and 1650	Feet From The East
Line of Section 3	Township 18S	Range 32E	County NMPLA	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) 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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	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 ☒	Gas well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same as prev. ☐	Diff. R. ☐
Date Spudded 12/2/83	Date Compl. Ready to Prod. 4/18/84	Total Depth 12915	P.B.T.D. 10965					
Elevations (DF, RKB, RT, GK, etc.) 3878.8	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8611	Tubing Depth 8515					
Perforations 8611-8742			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	664	600 SXS
11	8 5/8	3788	2000 SXS
7 7/8	5 1/2	12915	1050 SXS

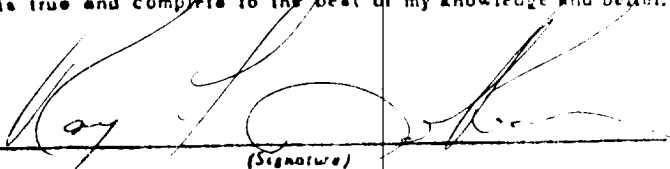
V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/18/84	Date of Test 5/9/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - bbls. 98	Water - bbls. -0-	Gas - MCF 97

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. 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)
Reservoir Engineer(Title)
May 18, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 25 1984, 19BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of condiSeparate Form C-104 must be filed for each pool in mul
tiple wells.