Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANS	SPORT OIL	AND NA	TURAL G/	4S				
Operator Harvey F. VATES COMPANY				Well A			2871	' C	
Address P.O. B.O.X 1937	3- Roswell	alew n	revien	Z820:					
Reason(s) for Filing (Check proper box)) NOOLOCK	VCIECO 1)	Oth	er (Please expla	iin)	<u></u>			
New Well Recompletion	Change in Tra	• —		Effecti	ie 4.	1-90			
Change in Operator	—, ·	ndensate	1	- Ofecre	,	•			
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name AMOCO 2 State Well No. Pool Name, Includi						of Lease Lease No. Federal or Fee LG-L977			
Location Unit Letter	: 1980 Fe	et From The 🔝	1001h	e and UU	<u>) </u>	et From The $ otin U$	est	Line	
Section & Township Range 32, NMPM, LCW County								County	
III. DESIGNATION OF TRANS	SPORTER OF OIL	AND NATU	RAL GAS		J				
Name of Authorized Transporter of Oil	or Condensate			ve address to wh	ich approved	copy of this for		1	
Name of Authorized Transporter of Casinghead Gas or Dry Gas PP Totions (Give address to which approved copy of this form is to be sent) Hullips 66 Trate gas EFFECTIVE: February 1492								404	
Phillips 66 nath									
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	n. Rge.	_	y connected?	When	? 10 · 4 =	Σ¥		
If this production is commingled with that f IV. COMPLETION DATA	from any other lease or poo	l, give commingl	ing order num	ber:					
Designate Type of Completion -	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casin					
TUBING CASING AND				CEMENTING RECORD					
HOLE SIZE	7	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR ALLOWAR	F							
_	ecovery of total volume of lo		be equal to or	exceed top allo	wable for this	depth or be for	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	Producing M	ethod (Flow, pw	mp, gas lift, e	tc.)				
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF				
GAS WELL	4					<u> </u>	 		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COMPLI	ANCE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION MAR 0 1 1990					
is true and complete to the best of my ki	nowleage and belief.	:	Date	Approved	t				
Signature 200				By Paul Kauts					
SIGNATURE PROO, ANALYST Printed Name 2-27-90 505-623-660						(Geo	iogist	-	
2-27-90	505-623	-C/601	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.

RECEIVED

FEB 28 1990

OCD HOBBS OFFICE