

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
VALUATION	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
OPERATION OFFICE	
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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

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 No.
Young Deep Unit	11	North Young Bone Springs	State, Federal or Fee Federal NM	40453
Location				
Unit Letter	F	1650 Feet From The North Line and 1980 Feet From The West		
Line of Section	9	Township 18S	Range 32E	NMPM, Lea County

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)					
Phillips Petroleum	5 B4 Phillips Building, Bartlesville OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	10	18S	32E	Yes	9/13/84

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 Res'v.	Diff. Res'v.
	☒		☒					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
8/5/84	9/11/84		9212			9156		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3818.9	Bone Springs		8389'			8271		
Perforations						Depth Casing Shoe		
8389 - 8500' (13 shots)								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	602'	450 SXS
11	8 5/8	2680'	900 SXS
7 7/8	5 1/2	9212'	1200 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 allowable for this depth or be for full 24 hours)

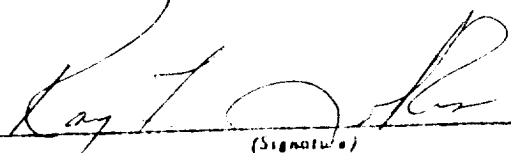
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/11/84	9/11/84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	525#		16/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	300	0	300

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

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.

Reservoir Engineer
(Title)September 19, 1984
(Date)

OIL CONSERVATION DIVISION

SEP 21 1984

APPROVED _____, 19

BY _____
ORIGINAL SIGNATURE OF DIVISION
DISTRICT 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 deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiple well wells.