

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OFFICE RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead 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	13	N. Young Bone Springs	State, Federal or Fee Fed.	NM 40453
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 9	T. W. ship 18S	Range 32E	N.M.P.M.	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					
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 Company	5 B4 Phillips Bldg, Bartlesville, OK 74404					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	10	18S	32E	Yes	11/27/84

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'
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10/6/84	11/27/84		9222					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3825.7	Bone Springs		8394'		8294			
Perforations					Depth Casing Shoe			
8394' to 8520'					9222			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	500	400
11	8 5/8	2660	1000
7 7/8	5 1/2	9222	2315

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)

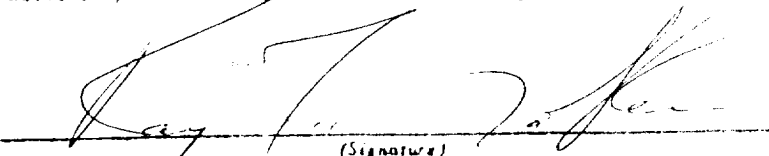
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/27/84	11/27/84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	120#		20/64"
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF
	140	8	117

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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)

November 27, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC - 4 1984, 19BY Eddie L. GentryTITLE OIL CONSERVATION

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 completed wells.