

Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501

Request for Allowable
and
Authorization to Transport Oil and Natural Gas

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

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)
Approval to lift casinghead gas from this well must be obtained from the Minerals Management Service. *BM*

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	16	North Young Bone Springs	State, Federal or Fee Fed. LC	065581

Location

Unit Letter E : 1980 Feet From The North Line and 660 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	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
	F	9	18S	32E		

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	Some Rest.	Diff. Rest.
	X		X					

Date Logged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/6/84	2/21/85	9370	8470

Elevations (DF, HAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3813.3 GL	BOne Spirngs	8367'	8248'

Perforations	Depth Casing Shoe
8367' to 8435'	9370

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	509'	450 SXS
11	8 5/8	2640	1275 SXS
7 7/8	5 1/2	9370	2010 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.)	
2/21/85	2/25/85	Swab	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8 hrs			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	50	28	TSTM

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.

W. M. Yates
(Signature)

Drilling Superintendent

(Title)

February 26, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAR - 4 1985

~~SECRET~~