

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
USE OF	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PERMITTING OFFICE	

Harvey E. Yates Company

Address

P. O. Box 1933, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR
ONLY THE OWNER

II. DESCRIPTION OF WELL AND LEASE

Lease Name Young Deep Unit	Well No. 22	Pool Name, Including Formation N. Young Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-24488
Location Unit Letter <u>M</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>18S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 336 HS & L Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 4	Twp. 18S	Rge. 32E	Is gas actually connected? Yes	When 7/9/85

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/17/85	Date Compl. Ready to Prod. 7/6/85		Total Depth 9202'		P.B.T.D. 8440'			
Elevations (DF, RKB, RT, GR, etc.) 3836' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8331'		Tubing Depth 8247'			
Perforations 8331'-8396'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	464'	375 sxs
11	8 5/8	2605'	875 sxs
7 7/8	5 1/2	9202'	1825 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/7/85	Date of Test 7/9/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 100#	Casing Pressure -0-	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 180	Water - Bbls. 20	Gas - MCF 184

GAS WELL

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

AM Hayes
(Signature)

Drilling Superintendent

(Title)

July 12, 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 deviation 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.

RECEIVED

JUL 18 1985

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION