

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
PERMITS OFFICE	
Operator	

Harvey E. Yates Company

Address
P. O. Box 1933, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. *B & M*

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blanco 5 Federal	Well No. 1	Pool Name, including Estimation <i>Under Bone Springs</i>	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>18S</u> Range <u>32E</u> NMPM, <u>Lea</u> 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"/> Pride Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3818, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 P	Sec. 5
	Twp. 18S	Rge. 32E
	Is gas actually connected? <u>No</u> When	

If this production is commingled 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 8/3/85	Date Compl. Ready to Prod. 10/4/85		Total Depth 9077'		P.B.T.D. 9030'			
Elevations (DF, RAB, RT, GR, etc.) 3829.3' GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8095'		Tubing Depth 8853'			
Perforations 8095-8750'					Depth Casing Shoe 9077'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		461		400 SXS			
11"	8 5/8"		2654		1132 SXS			
7 7/8"	5 1/2"		9077'		1455 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 10/4/85	Date of Test 10/7/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size n/a
Actual Prod. During Test 24 hrs	Oil - bbls. 75	Water - Bbls. 50	Gas - MCF 841

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

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.

N. M. Young
(Signature)

N. M. Young

Drilling Superintendent
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 15 1985, 19BY Eddie W. SneyTITLE Oil & Gas Inspector

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

RECEIVED

OCT 11 1985

C.C.D.
HOBBS OFFICE