

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator 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) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Chevron 12 Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>North Young - Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM40456</u>
Location Unit Letter <u>C</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u> Line of Section <u>12</u> Township <u>18-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2436, Abilene, Texas 79604</u>
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 : <u>C</u> Sec. : <u>12</u> Twp. : <u>18</u> Rge. : <u>32</u> 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: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

N. M. Young (Signature)
Drilling Superintendent
October 1, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED OCT 3 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
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 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	X	Gas Well		New Well	X	Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Date Spudded	8-25-86	Date Compl. Ready to Prod.	9-26-86		Total Depth	9200'		P.B.T.D.	8590'		Tubing Depth	8560'		Elevations (D.F., R.K.B., RT., CR., etc.)	3886' GL		
Name of Producing Formation		Bone Springs		Top Oil/Gas Pay	8443'				Tubing Depth	8560'		Perforations		8443'-68' (2 SPF)			
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		17 1/2		13 3/8		.458		SACKS CEMENT		450		1350		2050			
CASING & TUBING SIZE		17 1/2		13 3/8		.458		DEPTH SET		450		1350		2050			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	9-25-86	Date of Test	9-30-86	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	Oil - Bbls. 76	Water - Bbls. 20	Gas - MCF 81		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

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OCT 2 1986
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