

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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

Operator Harvey E. Yates Company	
Address P.O. Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shorger 12 Federal	Well No. 1	Pool Name, including Formation Undesignated North Young Bone Sags	Kind of Lease State, Federal or Fee Federal	Lease No. NM40452
Location Unit Letter F : 1800 Feet From The North Line and 2310 Feet From The West Line of Section 12 Township 18 Range 32, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

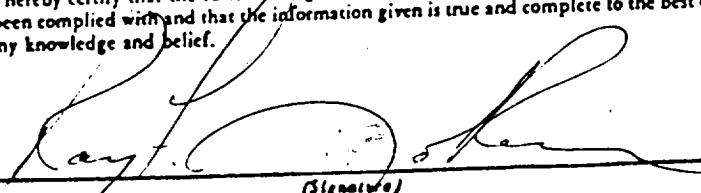
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 18	Rge. 32	Is gas actually connected? Yes	When 9-4-87

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.


(Signature)
Production Manager/Engineer
(Title)
September 9, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 17 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1184.
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 allow-
able 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 4-15-87	Date Compl. Ready to Prod. 8-26-87		Total Depth 9315 MD		P.B.T.D. 9259				
Elevations (DF, RKB, RT, CR, etc.) 3881 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8400		Tubing Depth 8554				
Perforations 8400, 25,85,99, 8878-9051						Depth Casing Shoe 9315			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	402	400 sxs Cl "C"
11	8 5/8	2902	1350 sxs Light & Cl "C"
7 7/8	5 1/2	9315	1850 sxs Light & Cl "H"

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9-4-87	Date of Test 9-4-87	Producing Method (Flow, pump, gas lift, etc.) pumping w/2" X 1 1/2" X 20' X 24' pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 75	Water-Bbls. 30 load	Gas-MCF 40

GAS WELL

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

RECEIVED
 SEP 10 1987
 HOBB'S OFFICE
 OCD

RECEIVED
 SEP 15 1987
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