

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 19 '87

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
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	Change in Transporter of:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chevron 12 Federal	Well No. #2	Pool Name, including Formation North Young-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. NM-40456
Location				
Unit Letter E	: 990	Feet From The West	Line and 1650	Feet From The North
Line of Section 12	Township 18S	Range 32E	NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

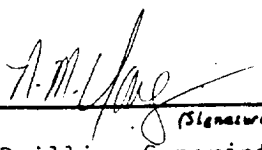
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Pride Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco Inc.	Address (Give address to which approved copy 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 Sec. Twp. Rge. C 12 18 32
Is gas actually connected?	When Yes 11/12/87

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.


N.M. Young
Drilling Superintendent
11/18/87
(Date)

OIL CONSERVATION DIVISION

APPROVED: NOV 24 1987, 19
BY: ORIGINAL SIGNED BY JERRY SEXTON
TITLE: DISTRICT I SUPERVISOR

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	9/2/87	Date Compl. Ready to Prod.	11/12/87	Total Depth	9900	P.B.T.D.	8570	Tubing Depth	8552
Elevations (D.F., R.K.B., RT, CR, etc.)	3874.0 GI	Name of Producing Formation	Bone Spring	Top Oil/Gas Pay	8434	Tubing Depth	8552	Depth Casing Shoe	
Perforations	8434-8514	TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	17 1/2	CASING & TUBING SIZE	13 3/8	DEPTH SET	400	SACKS CEMENT	425		
	11		8 5/8		2915		1320		
	7 7/8		5 1/2		9900		1520		
			2 3/8		8552				

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	11/12/87	Date of Test	11/13/87	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hrs	Tubing Pressure	0	Casing Pressure	0
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	12	Gas-MCF	57

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

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