STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

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

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 88202

Reason(s) for filing (Check proper box)

- [X] 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 ____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

R-8626 4/1/88

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
EWT "1" Federal	#1	North Young-Bone Spring	State, Federal or Fee Federal	NM-63365

Location

Unit Letter O : 330 Feet From The South Line and 2310 Feet From The East

Line of Section 1 Township 18S Range 32E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline	P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 1959, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	1	18	32	No	

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)
NM Young

Drilling Superintendent
(Title)

February 3, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 10 1988, 19 ____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 comoleted 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.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/28/87	1/30/88	9243	9202
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3899.6 GL	Bone Spring	8542	8425
Perforations			**Depth Casing Shoe**
8542-60			9243

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	403	425
11	8 5/8	2890	1200
7 7/8	5 1/2	9243	1650
	2 3/8	8425	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/30/88	2/3/88	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	460	Ø	14/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
250	235	15	200

GAS WELL

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