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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī.	TOTR	ANSPORT OIL	AND NA	TURAL G	AS			•	
Operator						API No.			
Harvey E. Yates Com	pany					30-02	5-30503	·	
Address P.O. Box 1933, R	Roswell, New Me	exico 88202	2						
Reason(s) for Filing (Check proper box)		20100 00201		er (Please expl	ain)				
New Well		Transporter of:		<u>Ao</u> ,	proval to	flare casin	ghead o	ac from	
Recompletion Oil Dry Gas Onange in Operator Casinghead Gas Condensate				Approval to flare casinghead g this well must be obtained from BUREAU OF LAND MANAGEMENT (B					
If change of operator give name	Casinghead Gas	Condensate				HE MANAGE	MENT (BL	M)	
and address of previous operator								mand gap 62	
II. DESCRIPTION OF WELL		wildent	-	10 50 51	77 1		<del></del>		
Lease Name West Young 8 Federa		Popul Name, Include Unc. De la	mare ware	R-894		of Lease Federador Fee		ease No. 8039	
Location	1 / 1	J Card. Bere		7///_5	7_1		1		
Unit LetterI	990	Feet From The	East Lin	e and16	50 <sub>F</sub>	et From The _	Sou	th Line	
. 0	hip 18S	Range 32E				ı	_ea	_	
Section 8 Towns	hip 103	Range 32E	, N	МРМ,		<u> </u>	_Cu	County	
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS					<u>.</u>	
Name of Authorized Transporter of Oil	or Conder	isate	1		• •	copy of this for			
Pride Pipeline Comp Name of Authorized Transporter of Casi		P.O. Box 2436, Abilene, Texas 79604  Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Onoco Inc.				P.O. Box 2197, Houston, Texas 77252					
If well produces oil or liquids,	Unit   Sec.	Twp. Rge.	Is gas actuall	y connected?	When	?			
give location of tanks.	I   8	18 32	No		A.	SAP		<del> </del>	
If this production is commingled with the IV. COMPLETION DATA	a from any other lease or	poor, give commungi	ing order num	<u></u>					
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	7171		Total Depth	l	1			1	
Date Spudded 12/12/88	3/3/89	Date Compl. Ready to Prod.		9250			P.B.T.D. 5400		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3788.3 GL Delaware		5020			4800				
Perforations 5020-40						Depth Casing Shoe 9250			
3020-40	TURING	CASING AND	CEMENTI	NG RECOR	D	7200			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2		13 3/8		460			475		
12 1/4		8 5/8		2653			850 filler & 200 tail   900 filler & 350 tail		
7 7/8	5 1/2 2 3/8		9250 4800			900 11	iler a	330 call	
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE							
	recovery of total volume	of load oil and must					r full 24 hou	rs.)	
Date First New Oil Run To Tank 3/5/89	Date of Test	Pumpi	ethod <i>(Flow, pu</i> n.a	тр, даз тут, е	::c.)		;		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
24 hrs	Ø	Ø		Ø			Ø Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls. 83			1		
260 bbls	177		L	83		150	J		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sale/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
			 			<u> </u>			
VI. OPERATOR CERTIFIC			(	DIL CON	SERV	ATION E	IVISIC	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MAR	9 1989	3	
is true and complete to the best of my knowledge and belief.				Date Approved					
11 m 1 h						GNOD BY J	ERRY SEX	TON	
Signature			By_	• 01	DISTF	HCT I SUPE	VISOR		
NM Young	Drilling !	Superintend	11					A	
Printed Name 3/8/89	(505) 623	Title -6601	Title						
Date		phone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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