Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Department

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

allow

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, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRAI	NSPC	ORT OIL	AND NA	TURAL GA	\S	ADI No			
Operator						Well API No. 30-025-30562					
Harvey E. Yates Comp	oany							30-023-	يانياند		
Address P.O. Box 1933, Rosv	vell, N.I	M 88	202								
Reason(s) for Filing (Check proper box)	VCII 9 IV.I	1. 00	<u> </u>		Ouh	er (Please expla	in/COPTOV	al to flare	casinghe	ad gas from	
New Well	C	hange in I	Lunspor	rter of:					anagemei	from the	
Recompletion X	Oil		Dry Gas								
Change in Operator	Casinghead	Gas []	Conden	pale				di .	- AT -	A C	
If change of operator give name and address of previous operator	ZILLT	WELL H	AS BE	EN PLAC	ED IN THE	POOE		Cilno	il 14 1	Jung B&	
II. DESCRIPTION OF WELL	AND IGES	GNATED	BELO	W. IF YOU	U DO NOT	CONCUR 8/	1/03		į	, ,	
Lease Name	WAS CALL	Vell No.	Pool Na	me, Includi	ng Formation	K9937	Kind	of Lease Federal) or Fe		esse Na	
Amoco CP 8 Federal		#2		Undes.	YOUNG	Drayle	Sino	recentlor re	e NM-77	315	
Location	220			c	outh	/ 23	10 -		East	•	
Unit Letter	:330	1	Feet Fro	om The	outh Lin	e and	<u> </u>	eet From The		Line	
Section 8 Townshi	- 185	,	Range	32E	. N	мрм.		<u>Lea</u>		County	
Section O Townshi	p 100	<u> </u>	(Zijko			1					
III. DESIGNATION OF TRAN	SPORTER	OF OII	LANI	D NATU	RAL GAS			L Cabin	Come is to be a		
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy by the joint a to					
Pride Pipeline Company						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 Casing	ghead Gas		or Dry C	ias [Address (On	NE GOOD ESS TO WIT	шен арргона	· cop) og			
to be determined If well produces oil or liquids,	Unit Sec. Twp. Rge.				ls gas actuall	y connected?	When	?			
if well produces ou or liquids,	0 8 18S 32E			No L							
f this production is commingled with that	from any other	lease or po	ool, give	e comming!	ing order num	ber:					
IV. COMPLETION DATA							Deeper	Diug Back	Same Res'v	Diff Res'v	
**recom Designate Type of Completion	pletion*		G	ias Well	New Well	Workover	Deepen 	XX		I XX	
Date Spudded	Date Compl.	XX Ready to I	L Prod.		Total Depth	l	L	P.B.T.D.			
2/23/89	Recom: 1/1/93				9216'			80	8050'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
3761.2' GR Grayburg					4488'				48131 Depth Casing Shoe		
Perforations								Depth Cash	ng Snoe		
4488-4703'		IDDIC (7450	IC AND	CEMENT	NG RECOR	D	<u></u>			
		NG & TUE			CLIVILIVII	DEPTH SET			SACKS CEM	ENT	
HOLE SIZE	CASI	NG B TOL	31110	<u> </u>							
on initial C-104											
								<u> </u>			
					L						
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR AL	LOWA	BLE	ممرسد استداك	he equal th or	r exceed ton allo	wable for th	is depth or be	for full 24 hou	rs.)	
		i volume o	1 100a o	ц ана тизі	Producing M	ethod (Flow, pu	mp, gas lift,	etc.)	<u> </u>		
Date First New Oil Run To Tank	Date of Test 1/28/93								2" x 16' Cumbie)		
1/23/93 Length of Test	Tubing Pressure				Casing Pressure			_			
24	_							() Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				TSTM			
143	8				13	5		1311	1		
GAS WELL					151/	. 40100		Cavity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Glavity of	Gravity of Condensate		
	The Property of the Control of the C				Casing Pressure (Shut-in)			Choke Size	Choke Size		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)											
	ATTE OF A	COLEDI	TANT	CF	<u> </u>				m. 11 41 41 41 41	> \	
VI. OPERATOR CERTIFIC	AIE OF U	FOIATLI	TIVIA	CE	(OIL CON	ISERV				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					FEB 01 1993						
is true and complete to the best of my knowledge and belief.					Date Approved						
	\ fe	/		ē		• •					
May 7. 25/ En						By ORIGINAL SIENED BY JERRY SEXTON					
Ray F. Nokes Prod Mgr/Eng.					DISTRICT I SUPERVISE :						
Printed Name			Title		Title						
1/28/93	505	5/623-0	6601 hone N								
Date		1 ereb	NODE IN	U.	<u> </u>						

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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