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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Harvey E. Yates Company	Well API No. 30-025-30562
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anoco CP 8 Federal	Well No. 2	Pool Name, Including Formation North Young Bone Springs	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 77315
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>18S</u> Range <u>32E</u> , <u>NMPM</u> 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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> to be determined	Address (Give address to which approved copy of this form is to be sent) -----					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>8</u>	Twp. <u>18S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>No</u>	When ? <u>---</u>
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>2-23-89</u>	Date Compl. Ready to Prod. <u>6-18-89</u>		Total Depth <u>9216 MD</u>		P.B.T.D. <u>9170</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3761.2 GR</u>	Name of Producing Formation <u>Bone Spring</u>		Top Oil/Gas Pay <u>8420</u>		Tubing Depth <u>8518</u>			
Perforations <u>8420-8942 (OA)</u>					Depth Casing Shoe <u>9216</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8 54.5#</u>		<u>421</u>		<u>400 SX</u>			
<u>12 1/4</u>	<u>8 5/8 24 & 32#</u>		<u>2688</u>		<u>1200 SX + 1 inched 400 SX</u>			
<u>7 7/8</u>	<u>5 1/2 17#</u>		<u>9216</u>		<u>1450 SX</u>			

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 Tank <u>6-18-89</u>	Date of Test <u>6-26-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>2" x 1 1/2" x 20' x 24' pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil - Bbls. <u>18</u>	Water - Bbls. <u>33</u>	Gas- MCF <u>TSIM</u>

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Ray E. Nokes Production Manager/Engineer
Printed Name Ray E. Nokes Title 6-30-89
Date skh Telephone No. 505-623-6601

OIL CONSERVATION DIVISION

Date Approved JUL 2 1989

By Paul Kautz Orig. Signed by Paul Kautz
Geologist
Title _____

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.

