Submit 5 Copies
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

Operator					Well Al	PI No.	2 /	. >1	
Harvey E. Yates Company	<u></u>				1	-C25-	<u>- 504</u>	1. 7/	
Address									
P.O. Box 1933, Roswell,	<u>, New Mexico 8820</u>	<u>2</u>	Othe	(Please expla	inl				
Reason(s) for Filing (Check proper box)	Change in Transport	ar of		11 tems expre	. (f - 1		36	
New Well	Change in Transport Oil		Eff	ective:	Mid	Telice	iceuly,	40	
recompletes ==		· · · · · ·	1111	cctrc.	•		J		
G	Casinghead Gas Condens	21c							
If change of operator give name and address of previous operator								 	
II. DESCRIPTION OF WELL A	e Formation Kind of			Lease No.					
Lease Name CHEVRON 12 FE	Name HEVRON 12 FED Well No. Pool Name, Including HEVRON 12 FED 7 Porth You			Son S			ederal or Fee		
Location		f_{ij}	orth Line	1.1	I O Tax	et From The	ast-	Line	
Unit Letter	100	سسے xmine کارح		- ENG	Lra				
Section / Township	(S) Range	210	, NI	IPM,				County	
III. DESIGNATION OF TRANS	PORTER OF OIL AND	NATUE	RAL GAS			6.11.6	in the second		
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								u <i>)</i>	
Pride Operating Company P.O. Box 2436, Abilene, Texas 79604									
Name of Authorized Transporter of Casingh	Address (Give address to which approved copy of this form is to be sent)								
Conoco						1105			
If well produces oil or liquids, give location of tanks.	Upit Sec. Twp.	Rge.	le gas actuall		When	! (10 16e	-8C,		
If this production is commingled with that fr IV. COMPLETION DATA	rom any other lease or pool, giv	e commingli	ng order num	eri					
		Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Resiv	
Designate Type of Completion -	Date Compl. Ready to Prod.		Total Depth	l	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Elevanos (DF, RAB, RI, OR, SEC.)									
Perforations			,		/	Depth Casing !	Shoe		
	TUBING, CASI	NG AND	CEMENTI	NG RECOP	ND/				
HOLE SIZE	CASING & TUBING	DEPTH SET			SACKS CEMENT				
11002 0122									
V. TEST DATA AND REQUES	T FOR ALLOWABLE				'				
OIL WELL (Test must be after re	ecovery of total volume of load	git and must	be equal to o	exceed top al	lowable for th	is depth or be for	full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Test		Producing N	lethod (Flow, p	ownp, gas lifi,	eic.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL			This Cond.	ntale MANACE		Gravity of Co	ndebsale		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF						
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shul-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMPLIA	NCE		011 00	NOCO	/ATION F	אואוריי		
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above			FEB 0 1 1990						
is true and complete to the best of my knowledge and belief.			Date Approved						
			ORIGINAL SIGNED BY JERRY SEXTON						
0 / W			D.,	By DISTRICT I SUPERVISOR					
Signature Signature Production Analyst			□y.		e inivile	-1-10 112 W.			
Sharon Hill Production Analyst Printed Name Title			Title						
1009 70. 505-623-6601									
Date	1 e te prione	170.							

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.