

OIL CONSERVATION DIVISION

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

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

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. 30-025-30734
Address P.O. Box 1933, Roswell, N.M. 88202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shoot 12 Federal	Well No. #1	Pool Name, Including Formation West Corbin Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-40452
Location Unit Letter J : 2310 Feet From The South Line and 1980 Feet From The East Line Section 12 Township 18S Range 32E, NMPM, 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 18	Rge. 32	Is gas actually connected? Yes (No battery hook up)	When?

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 XX	Gas Well	New Well	Workover	Deepen	Plug Back XX	Same Res'v	Diff Res'v
Date Spudded 11/15/89	Date Compl. Ready to Prod. 4/24/91 (recompl)		Total Depth 9452		P.B.T.D. 6740			
Elevations (DF, RKB, RT, GR, etc.) 3876.7 GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 5962		Tubing Depth 5856			
Perforations 5962-6002' (oa)					Depth Casing Shoe 9452			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		357		375			
12 1/4	8 5/8		2956		1500			
7 7/8	5 1/2		9452		1575			
	2 3/8		5856					

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 4/27/91	Date of Test 4/30/91	Producing Method (Flow, pump, gas lift, etc.) Pumping (2" x 1 1/2" x 16' cumbie)	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 40	Oil - Bbls. 92	Water - Bbls. 48 load	Gas - MCF TSTM

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 F. Nokes by U.T.  
Ray F. Nokes Prod Mgr/Eng  
Printed Name Title  
5/2/91 (505) 623-6601  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.