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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

Operator Harvey E. Yates Company		Well API No. 30-025-30734
Address P.O. Box 1933, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
PLEASE THIS OFFICE.

Lease Name Shoot 12 Federal	Well No. #1	Pool Name, including Formation North Young Bone Springs	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 Co.	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? No	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 XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/15/89	Date Compl. Ready to Prod. 12/19/89		Total Depth 9452		P.B.T.D. 9400			
Elevations (DF, RKB, RT, GR, etc.) 3876.7 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9022		Tubing Depth 8840			
Perforations 9022-9218					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		8840					

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 12/21/89	Date of Test 12/27/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size N-A
Actual Prod. During Test 112	Oil - Bbls. 76	Water - Bbls. 36	Gas - MCF 70

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 J. M. Sexton
Printed Name NM Young Title Drilling Super.
Date 12/28/89 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

JAN 02 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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DEC 29 1989
OCD
HOBBS OFFICE