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, Arteria, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRANSPORT	TOIL AND NATURAL C		
perator			Well APT No. 30 005-30740	
Harvey E. Yates Compai	<u> 19</u>		1 Ju Cory Julius	
P.O. Box 1933, Roswel.	1, New Mexico 88202	<u> </u>		
leason(s) for Filing (Check proper box)	Change in Transporter o	Other (Please exp	plain)	
lecompletion	Oil X Dry Gas	\Box Effective	: 3-1-90	
hange in Operator	Casinghead Gas Condensate			
change of operator give name ad address of previous operator				
. DESCRIPTION OF WELL	AND LEASE			
Lease Name	Well No. Pool Name,		Kind of Lease Lease No,	
CHEURON 12. Fe	d G Noch	Mary 5.5.	State, Federal or Fee MAN 1154	
Ocation Unit Letter	: 105 Feet From T	The AVCIATE Line and	Feet From The	
Section / 2 Townshi	p /\$5 Range	328 NMPM,	J. (C. County	
II, DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER OF OIL AND N	Address (Give address to	which approved copy of this form is to be sent)	
Pride Operating Compa	ny	P.O. Box 2436,	Abilene, Texas 79604	
Name of Authorized Transporter of Casing		<u> </u>	which approved copy of this form is to be sent)	
(6) CCC If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is gas actually connected?	When ?	
ive location of tanks.	1 5 1 1 X 1 1 X 1 3	32 405	1-20-90	
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give co	muningling order number:		
Designate Type of Completion	Oil Well Gas V	Well New Well Workover	Deepen Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING	AND CEMENTING RECO	ORD	
HOLE SIZE	CASING & TUBING SIZE			
		·		
	on For ALLOWARIE			
V. TEST DATA AND REQUE OIL WELL (Test must be after t		and must be equal to or exceed too	allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
rental or less	Tubing Flescore			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
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 CERTIFIC	CATE OF COMPLIANC	E	NICEDIATION DIVIDION	
I hereby certify that the rules and regu	lations of the Oil Conservation	· OIL CC	DNSERVATION DIVISION	
Division have been complied with and is true and complete to the best of my		Data A	ved	
	▼ ,	11 ''	1000	
-) WW		By	ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR	
Signature Sharon Hill Pro	oduction Analyst			
Printed Name	Title			
Date Date	<u>505-623-6601</u> Telephone No.			

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.