

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

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

Operator Harvey E. Yates Company	Well API No. 30-025-30740
Address P.O. Box 1933, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) New Well ☒ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ If change of operator give name and address of previous operator	

Approval to bore casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chevron 12 Federal	Well No. #6	Pool Name, Including Formation North Young-Bone Springs	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-40456
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>18S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ 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 G	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 12/5/89	Date Compl. Ready to Prod. 1/6/90		Total Depth 9320		P.B.T.D. 9271			
Elevations (DF, RKB, RT, GR, etc.) 3886.6 GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8901		Tubing Depth 8700			
Perforations 8901-9179					Depth Casing Shoe 9320			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		350		375			
12 1/4	8 5/8		2935		1300			
7 7/8	5 1/2		9320		1550			
	2 3/8		8700					

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 1/7/90	Date of Test 1/12/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure Ø	Casing Pressure Ø	Choke Size Ø
Actual Prod. During Test 111	Oil - Bbls. 75	Water - Bbls. 36	Gas - MCF 80

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 NM Young by U.T.
Printed Name NM Young Title Drilling Super.
Date 1/15/90 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION
JAN 18 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.