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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Engr., 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. 30-025-30783
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:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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		

Lease Name Young Deep Unit		Well No. #24	Pool Name, including Formation North Young Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-12567
Location					
Unit Letter E	: 1650	Feet From The North	Line and 660	Feet From The West	Line
Section 10	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 type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 10	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		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Designate Type of Completion - (X)		XX		XX					
Date Spudded 3/21/90	Date Compl. Ready to Prod. 5/3/90	Total Depth 9262		P.B.T.D. 9015					
Elevations (DF, RKB, RT, GR, etc.) 3834.9 GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8735		Tubing Depth 8510					
Performances 8735-9012				Depth Casing Shoe 9262					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		420		425			
12 1/4		8 5/8		2817		1300			
7 7/8		5 1/2		9262		1625			
		2 3/8		8510					

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 5/6/90	Date of Test 5/7/90	Producing Method (Flow, pump, gas lift, etc.) Pumping (jet pmp)	
Length of Test 24 hrs	Tubing Pressure n/a	Casing Pressure n/a	Choke Size n/a
Actual Prod. During Test 270	Oil - Bbls. 240	Water - Bbls. 30	Gas - MCF 214

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		OIL CONSERVATION DIVISION	
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.		Date Approved MAY 11 1990	
Signature NM Young	Title Dir'l Superintendent	By	Orig. Signed by Paul Kautz
Printed Name May 9, 1990	Telephone No. (505) 623-6601	Title	Geologist

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.

RECEIVED

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