Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Artenia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	BEOLIS	ST FOR	ALLOWAB	I E AND A	MITHORIZ	ZATION				
,		-								
TO TRANSPORT OIL AND NATURAL GAS							Weil API No.			
Harvey E. Yates Company							30-025-30866			
Address										
P.O. Box 1933, Roswell	1, New N	Mexico 8	38202							
Reason(s) for Filing (Check proper box)				X Oth	r (Please expla	iin)				
New Well	(Change in Tra	insporter of:							
Recompletion	Oil	□ D ₁	y Gas 🔝	Tran.	sporter :	for Gas	& connec	tion de	ate	
Change in Operator	Casinghead	Gas 🔲 Co	ondensate 🔲		- FOLUL .	ioi oub		02011 00		
change of operator give name										
nd address of previous operator				_	,	······································				
II. DESCRIPTION OF WELL	AND LEAS									
Lease Name					- I O			_	are No.	
Young Deep Unit		12	North Yo	oung Bon	e Spring	State, 1	federal or Fee	LC 06	64638	
Location										
Unit LetterI	_:16	<u>50</u> Fe	et From The	South Lin	and33	<u>0</u> F∝	t From The _	<u>East</u>	Line	
	100	n.	207	N N	ирм.				County	
Section 4 Townshi	lp 18S	Ki	inge 32E	ı ivi	nrm,	LEA			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensat		Address (Giv	e address to wh	rich approved	copy of this for	m is to be se	ni)	
							<u></u>			
Name of Authorized Transporter of Casin	-		E WILL F	Address (Giv	e address to wh	hich approved				
Phillips 66 Natural				orporolic	1892 196	/ Houst	on, Texa	as 7700	11	
If well produces oil or liquids, give location of tanks.			wp. Rge. 18 32	ls gas actuall		When	1 8/17/90			
<u></u>				<u> </u>			0,2,,00			
If this production is commingled with that IV. COMPLETION DATA	from any oute	r tease or po	N, grve continuing:	ing order parti	DEI:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	i	i	i	i i	i		i	
Date Spudded	Date Compl	. Ready to Pr	od.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
				<u> </u>	 				 	
Performions							Depth Casing	, Shoe		
			LONIO AND	OCL COLUM	NO DECOR	n	<u> </u>			
TUBING, CASING AND				CEMENTI			1 6	ACKE CEM	ENT	
HOLE SIZE	UAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							 			
										
							-			
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE	.l	····					
OIL WELL (Test must be after				be equal to o	r exceed top all	lowable for thi	s depth or be fo	or full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Tes	1		Producing N	lethod (Flow, p	ump, gas lifi, i	iic.)			
							T			
Length of Test	Tubing Pressure			Casing Press	ure		Choke Size			
							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
				L			1			
GAS WELL				TELL C						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back pr.)	i noing PTE	eenic (Sum-r	4)	Casing ries	erie (Dittelli)					
		COLO	TANCE	-\[
VI. OPERATOR CERTIFI					OIL CO	NSERV	ATION!	DIVISIO	NC	
I hereby certify that the rules and reg	uistions of the	Oil Conserva	uog sabove		J J _ J	, , •	=		44	
Division have been complied with an is true and complete to the best of m	n mar me imoi	macon given nd belief.	I BUUTÜ		_ A :- :-					
January Compress to the own or in	,			Dat	e Approve	ea				
Samuellett					_					
Signature Signature				By.	•	. A .	1		<u>. i - i </u>	
Tammy E. Witt	Pr	oductio	n Analyst			. *;				
Printed Name			Title	Title	9					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505) 623-6601

8/24/90

Date

- 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.

Telephone No.

- 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.