Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Fox 1980, Hobbs, NM 88240

State of New Mexico Minerals and Natural Resources Department Ene

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

DISTRICT.II P.O. Drawer DD, Anesia, NM 88210

Santa Fe, New Mexico 87504-2088

I.	T	O TRA	NSF	OHI OII	L AND NA	TURAL G	45	Ol No				
Operator							1	Well API No. 30-025-30951				
Harvey E. Yates Company						30-023-30931						
Address												
P.O. Box 1933, Ros	well, N	<u>.M</u> 8	3820	12		et (Please expl	-/1					
Reason(s) for Filing (Check proper box)						et (Flease expa	ам)					
New Well		hange in	_									
Recompletion	Oil		Dry C									
Change in Operator	Casinghead	Gas	Conde	en rate				0		2 1		
f change of operator give name							Can	in 11. 4	lung !	Bone Spr.		
and address of previous operator		. <u></u>						I	•	V		
II. DESCRIPTION OF WELL	AND LEAS	SE					T Visa .	of Leage		ease No.		
Lease Name	i i	-			1.6 : 0:11			Me Federador Fee NM-40452				
Shoot 12 Federal	l	#2	U	rdes, LC	rbin Delaware west Sun			1111 40432				
Location						,	,		r.a.t			
Unit Letter P	:420		Feet F	rom The	South Lin	c and99() Fe	et From The	<u> East</u>	Line		
	1.00			225				Le	a	County		
Section 12 Township	<u>, 18S</u>		Range	: 32E	, N	MPM,		LE	<u>a</u>	County		
III. DESIGNATION OF TRAN	SPORTER	OF OI	LA	ND NATU	RAL GAS		1 1	annu of this for	m is to be to	ent)		
Name of Authorized Transporter of Oil	(X -)	or Conden	sale		Address (Gr			copy of this for		,,,,,		
Pride Pipeline Company					P.O. Box 2436, Abilene, Texas 79604							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						e address to wi	hich approved	copy of this for	m is to be se	ent)		
Conoco, Inc.		The state of the s				P.O. Box 2197, Houston			, Texas			
If well produces oil or liquids,	Unit S	Sec.	Twp. Rge. 18 32		le gas actual	y connected?	When	When?				
give location of tanks.	Ρ.	12			Yes		l	10/7/90				
f this production is commingled with that f	rom any other	lease or p	pool, g	ive comming	ling order num	ber:						
V. COMPLETION DATA	,											
V. COM BELLOW		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v		
Designate Type of Completion		XX	i		1	1	ł	XX		I XX		
Date Spudded	Date Compl.		Prod.		Total Depth			P.B.T.D.				
8/17/90	10/3/90				9600'			6900'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
	Metex				1 40	31'		48401				
- 3857.5 Perforations	<u>Me ce</u>	: X			I	<u></u>		Depth Casing	Shoe			
4943-51' (oa)		IDING	CAS	ING AND	CEMENTI	NG RECOR	D					
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASI	NG & TU	BING	SIZE	 	DEI III GET						
See Previous C-104												
								 				
					1			1				
V. TEST DATA AND REQUES	T FOR AL	LLOWA	TRUE	١ 				e depth or he fo	r full 24 hou	urs.)		
OIL WELL (Test must be after re	ecovery of total	il volume	of load	oil and mus	the equal to o	exceed top au	owable for the	uc)	<u> </u>			
Date First New Oil Run To Tank Date of Test						ethod (Flow, po			,			
12/24/92	12/28/92			Pumping (2" x 1 1/2" Casing Pressure			Choke Size					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
24 hrs	1	-						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			1				
121	32			89 (1	oad)		45					
GAS WELL	T				Bbls. Conde	sate/MMCF		Gravity of Co	ndensate			
ual Prod. Test - MCF/D Length of Test												
	 	/et			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Press	mus (2pm	-in)		Casing Free	are (Srice in)						
					<u> </u>			L				
VI. OPERATOR CERTIFIC	ATF OF	COMP	LIA	NCE		<u> </u>	IOEDY	ATION -	אוווופור	140		
VI. OPERATOR CERTIFIC	ations of the C	il Consen	valion			OIL CON	42FHA	ATION E	コムロア	ノ1 N '		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						11.0.19.3						
is true and complete to the best of my h	mowledge and	belief.			Date	Approve	d	\$ \$7.000 m	. 14			
to their control of the control in the	J				Date	y whhimse	·u					
$\langle \cdot \rangle = \langle \cdot \rangle$	V											
Keer J. Paper M. Com					By the state of th							
Signature Ray F. Nokes Prod Mgr/Eng					(金融) (本会) → (大会) → (大会)							
Printed Name		-11191-7-1	Title		11							
3/10/93	505/	623-66	501									
3/10/93 Date	5 2 2 1 -	Tele	phone	No.	11							

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.