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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

I.

Operator Harvey E. Yates Company	Well API No. 30-025-30951
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"/>
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shoot 12 Federal	Well No. #2	Pool Name, including Formation North Young Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM-40452
Location Unit Letter <u>P</u> <u>420'</u> Feet From The <u>South</u> Line and <u>990'</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>18N</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 J	Sec. 12
	Twp. 18	Rge. 32
	Is gas actually connected? yes	When? 10/7/90

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 8/17/90	Date Compl. Ready to Prod. 10/3/90		Total Depth 9600		P.B.T.D. 9535			
Elevations (DF, RKB, RT, GR, etc.) 3857.5 GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6994		Tubing Depth 6925			
Perforations 6994-98' (4'-9 holes)					Depth Casing Shoe 9600			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		375		375			
12 1/4	8 5/8		2992		1200			
7 7/8	5 1/2		9600		1300			
	2 3/8		6925' SN & Pkr					

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 10/3/90	Date of Test 10/21/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 17 1/2 hrs	Tubing Pressure 165#	Casing Pressure 0	Choke Size 24/64"
Actual Prod. During Test 215	Oil - Bbls. 185 (253 BOPD)	Water - Bbls. 30 (4 BOPD)	Gas - MCF 172 (235 MCF/D)

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 Vickie Teel
Printed Name Vickie Teel Prod. Sec.
Date 10/26/90 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved 10/26/90
By [Signature]
Title Director

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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