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DISTRICT III
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State of New Mexico
En. , 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

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 checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Request 2685 bbls test allowable 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"/> oct 1990		
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 P : 420 Feet From The South Line and 990 Feet From The East Line Section 12 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 Pipelng. Co.	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. 10/5/90		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 6946'			
Perforations 6994-98' (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		6946					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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. Title
Date 10/17/90 Telephone No. (505) 623-6601

OIL CONSERVATION DIVISION

Date Approved OCT 19 1990

By _____
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.