Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Error inerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR AL	LOWAE	BLE AND AUTHOR	RIZATION					
					AND NATURAL C	SAS					
Operator		Well API No. 30-025-31048									
Harvey E. Yates Company						30 023 31040					
P.O. Box 1933, Ros	well,	N.M.	88202	2							
Reason(s) for Filing (Check proper box)			- 		Other (Please ex	olain)					
New Well 🔀		Change in	•								
Recompletion	Oil	(-)	Dry Ga								
Change in Operator	Casinghea	d Gas	Conder	sale							
change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL A	AND LE		1	•	- P				- No		
Young Deep Unit					laware, North	of Lease Federal or Fee					
Location Unit Letter P	. 3	30	East Es	om The S	outh Line and 990) ,	et From The	East	Line		
9	• • • • • • • • • • • • • • • • • • • •	18S		32	TE.	• •	200000000000000000000000000000000000000	Lea			
Section 9 Township	<u> </u>		Range		, NMPM,				County		
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Pride Pipeline Company					P.O. Box 2436, Abilene, Texas 79604						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, pive location of tanks.					is gas actually connected?	7					
f this production is commingled with that f	rom any ot	ner lease or	pool, gi								
V. COMPLETION DATA		Oil Well		Gas Well	New Well Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v		
Designate Type of Completion -	- (X)	XX		Oas Well	XX	Deepen		ALIA INCOV			
Date Spudded		pl. Ready to			Total Depth		P.B.T.D.		· . · · · · · · · · · · · · · · · · · ·		
3/9/92	4/3/92				5950 '	59	5900'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth	Tubing Depth				
3800.4 GL Delaware					5719'	5545¹ Depth Casing Shoe					
Perforations								50'			
5719-32' (oa)		TIRING	CASE	NG AND	CEMENTING RECO	RD	1				
HOLE SIZE CASING & TUBING SIZE					DEPTH SE	SACKS CEMENT					
12 1/4"	8 5/8, 32#				410'	300	300				
7 7/8"		5 1/2.	17#		5950'		1750				
							<u> </u>				
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE					4 11 14 hav			
			of load	oil and must	be equal to or exceed top of	Wowable for th	is depin or be jo	<i>т јші 24 по</i> ц	<i>(75.)</i>		
Date First New Oil Run To Tank	Date of To	:¤ 4/16/92)		Producing Method (Flow, pumping	pump, gas igi,	2 16.)				
4/7/92					Casing Pressure	Choke Size					
Length of Test	Tubing Pressure n/a				n/a	n/a					
24 hrs Actual Prod. During Test					Water - Bbls.	Gas- MCF					
158						64 BLW			70		
	.l					 					
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF		Gravity of Co	Gravity of Condensate			
Actual Flore few William	Leagur of 1981										
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC	ΔTE ()	COMI	א א ז וכ	VCF							
I hereby certify that the rules and regula				.01	OIL CC	NSERV	ATION [DIVISIO	NC		
Division have been complied with and to	that the info	ermation giv	en abov	e			na aan	פסי ג			
is true and complete to the best of my knowledge and belief.					Date ApprovedAPR 23'92						
12 21:00	£	0			12 X 82 1 2 1	I SIGNA		XTON			
Signature	<u>NXX</u>	<u> </u>			By	- 70FB	PERVISOR				
Vickie Teel	Drl	g/Prod	Ana]	yst	₩						

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

4/20/92

Deta

- 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.

505/623-6601

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.