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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

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

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company		Well API No. 30-025-31467
Address P.O. Box 1933, Roswell, N.M. 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Young Deep Unit	Well No. #34	Pool Name, including Formation North Young Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-14789
Location Unit Letter <u>O</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1915</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>18S</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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 77064					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>O</u>	Sec. <u>9</u>	Twp. <u>18S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>NO</u>	When ?
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11/30/91</u>	Date Compl. Ready to Prod. <u>12/24/91</u>		Total Depth <u>5913</u>		P.B.T.D. <u>5832</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3798.6 GL</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>5542</u>		Tubing Depth <u>5400</u>			
Perforations <u>5542-75' (oa)</u>					Depth Casing Shoe <u>5913</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8; 32#</u>		<u>415</u>		<u>300</u>			
<u>7 7/8"</u>	<u>5 1/2; 17#</u>		<u>5913</u>		<u>1650</u>			
	<u>2 3/8;</u>		<u>5400</u>					

### 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 <u>12/24/91</u>	Date of Test <u>12/27/91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>22 hrs</u> / <u>24</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>-0-</u>	Choke Size <u>-0-</u>
Actual Prod. During Test <u>281</u>	Oil - Bbls. <u>89</u> / <u>97.10</u>	Water - Bbls. <u>192 (load)</u>	Gas - MCF <u>130</u>

### 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 Drlg/Prod Analyst  
Printed Name Vickie Teel Title  
Date 12/30/91 Telephone No. 505/623-6601

OIL CONSERVATION DIVISION  
JAN 03 '92

Date Approved \_\_\_\_\_

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.