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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Harvey E. Yates Company</u>		Well API No. <u>03-025-32288</u>
Address <u>P.O. Box 1933, Roswell, New Mexico 88202</u>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) <u>2000 bbl test allowable</u> <u>FEB 1994</u>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Young Deep Unit</u>	Well No. <u>21</u>	Pool Name, Including Formation <u>Young Wolfcamp</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-11118</u>
Location Unit Letter <u>K</u> : <u>1330'</u> Feet From The <u>FSL</u> Line and <u>1330'</u> Feet From The <u>FWL</u> Line Section <u>03</u> Township <u>18S</u> Range <u>32E</u> , 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"/> <u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2436, Abilene, Texas 79604</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1967, Houston, Texas 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>10</u>
	Twp. <u>18S</u>	Rge. <u>32E</u>
	Is gas actually connected? <u>Yes</u> When? <u>1-18-94</u>	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>11/12/93</u>	Date Compl. Ready to Prod. <u>1/7/94</u>		Total Depth <u>10,975</u>		P.B.T.D. <u>10,910</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3870.5</u>	Name of Producing Formation <u>Wolfcamp</u>		Top Oil/Gas Pay <u>10,630</u>		Tubing Depth <u>10,513</u>			
Perforations <u>10,630-57</u>					Depth Casing Shoe <u>10,975</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>408'</u>		<u>circ to surface</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>3100</u>		<u>circ to surface</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>10,975</u>		<u>600' above pay</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	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 (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.

Misty Martinez  
Signature  
Printed Name Misty Martinez Title Drilg/Prod Analyst  
1/27/94 Date (505) 623-6601 Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 01 1994

By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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.