District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

District II

NO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

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

AMENDED REPORT

5 Copies

| rict IV Box 2068, Sai | nta Fc, NM 8 RF | 7504-2088 OTTEST | ГF | OR ALL | OWAB | LE AND | AUTHOR | IZATI | ON TO TR | ANSPOR | RT | |
|--|--------------------|-----------------------------|---|-----------------------------------|---------------|--|--------------------------------------|-------------------------------------|----------------------------------|--------------------------------|---------------------|--|
| REQUEST FOR ALLOWABLE AND AUT Operator name and Address Harvey E. Yates Company | | | | | | | | ² OGRID Number 010179 | | | | |
| P.O. Riosv | Box 19 ell, N. | 933 .M. 88 | .com 320 | | | | | | ' Reason for Filing Code | | | |
| 505/623-6601 'API Number 'Poo | | | | | | | l Name | | | ' Pool Code | | |
| | | | | | | Young B | one Spring, North | | | 65350 | | |
| ⁷ Property Code | | | | | * Prope | rty Name | | | ' Well Number | | | |
| 0129 | 93 | | | | | Young D | eep Unit | | ., | #38 | | |
| ¹⁰ S | urface L | | 1 | | . 7 1 | F-4 C | North/Sc | uth Line | Feet from the | East/West li | ne County | |
| or lot no. | | Township | | | t.Idn | Feet from the | | | 2310 | East | Lea | |
| В | 10 | 18S | | 32E | | 100 | Nort | | 2.310 | Last | ika | |
| 11 Bottom H | | Township | | | ot Idn | Feet from th | ne North/S | outh line | Feet from the | East/West li | ne County | |
| Lee Code Producing Method F P | | | Code | 1/6/9 | nection Da | ie 14 C-12 | 9 Permit Number | , 1, | C-129 Effective I |)atc ' | C-129 Expiration Da | |
| Oil and Gas Transpo | | | | ansporter Nan | ne | | 11 POD 11 O/G | | ²² POD ULSTR Location | | | |
| OGRID | | | and Address | | | 24 | 0.0001 | 0 | | and Description | | |
| P.O. B | | | Pipeline Co. ox 2436 e, Texas 79604 | | | 28 | 2820306 | | | Unit B, Sec. 10, T18S, R32E | | |
| | | | | | | 28 | 2037D | G | Unit B, Sec. 10, T18S, R32E | | | |
| | no | us corr, | 10 | ZABO II | 001 | | - | | | | | |
| | | | | | | | | | | | | |
| | uced Wa | iter | | | | 14 | POD ULSTR Loc | ation and | Description | | | |
| 282 | 037 | | | | | | | | | | | |
| | Complet | ion Da | ta | | _/_ | | 1 | T | " PBTD | | 29 Perforations | |
| Spud Date | | | ²⁴ Ready Date | | | | "то 9100' | | 9054' | 88 | 8892-8947' | |
| 11/17/97 | | | 12/25/97 " Casing & Tubing Size | | | | 22 Depth | | | | Sacks Cement | |
| | Hole Size | | | | | | | | 425 | | | |
| 17 1/2'' 12 1/4'' | | | 13 3/8", 48# 8 5/8", 32# | | | <u>; </u> | 400' 3100' | | | 1400 | | |
| | | | 5 1/2", 17# | | | | 9100' | | | 1400 | | |
| 7 7/8'' | | | 2 3/8" | | | <u> </u> | 8681 | | | | | |
| T 337-1 | Tost D | | | 2 3/3 | <u> </u> | | 1 0001 | | | | | |
| /I. Well Test Data ** Date New Oil | | | | | | | ¹⁷ Test Length | | и Tbg. Pressure | | | |
| 222, | | 1 | 6/98 | | 12/31/98 | | 24 hrs | | | | | |
| " Choke Size | | | 41 Oil 83 | | 4 Water | | 225 | | " AOF | | " Test Method | |
| " I hereby co with and that knowledge an | the information | ules of the on given abo | Oil C | Conservation Di- true and comp | vision have l | been complied | (| | ONSERVA | | | |
| Signature: Vická Seel | | | | | | | Approved by: DIS : FIGT SUPERVISOR | | | | | |
| Printed name | Vick | ie Tee | 1 | | | | Title: | | | | | |
| Tide: Production Analyst | | | | | | | Approval Date: | | | | | |
| Date: 1/12/98 Phone: 505/623-6601 | | | | | | | | | | | | |
| 47 If this is | | | in th | e OGRID nun | aber and na | me of the prev | ious operator | | | <u></u> | | |
| | Previous | Operator | Siens | ture | | | Printed Nam | e | | Tid | e Da | |

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

if for any other reason wr te that reason in this box.

- 4. The API number of this well
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Feder State

Fee Jicarilla

JNU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:

Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the 24. completion location and a short description of the POD mple: "Battery A Water Tank", "Jones CPD Water (Example: "Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 33

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing Pumping Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

