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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87500

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Harvey E. Yates Company	
Address P. O. Box 1933, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name West Lynch 30	Well No. 1	Pool Name, including Formation Wildcat Teas yates SR	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 38467
Location				
Unit Letter B	330	Feet From The North	Line and 1650	Feet From The East
Line of Section 30	T. nship 20S	Range 34E	NMPM, Lea	Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) North Freeman Ave., Artesia, NM 88210					
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 B	Sec. 30	Twp. 20S	Rge. 34E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

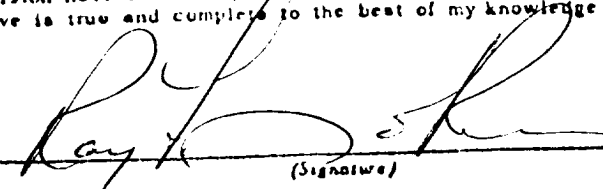
COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/17/83	Date Compl. Ready to Prod. 9/17/83	Total Depth 3519	P.B.T.D. 3498					
Elevations (DF, RAB, RT, CR, etc.) 3662.3	Name of Producing Formation Yates Sd	Top Oil/Gas Pay 3299	Tubing Depth 3519					
Perforations 3299' - 3494'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	505	325 sx
7 7/8"	5 1/2"	3500'	325 sx + 175 sx
			1" to surface

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-28-83	Date of Test 9-28-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 20 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 68	Gas-MCF 40

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

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.	
	
Reservoir Engineer	
(Title)	
September 30, 1983	
(Date)	

OIL CONSERVATION DIVISION OCT 3 1983	
APPROVED _____, 19____	
BY ORIGINAL SIGNED BY EDDIE SEAY	
OIL & GAS INSPECTOR	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multi-completed wells.	