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TRANSPORTER	OIL
	GAS
OPERATOR	
PROVATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-103 and C-105  
 Effective 1-1-65

Operator Yates Drilling Company  
 Address \_\_\_\_\_

207 South 4th Street, Artesia, New Mexico 88210

Reason(s) for filling (Check proper box) Other (If case explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Approval to have casinghead gas from this well must be obtained from the Minerals Management Service. *3/7/86*

If change of ownership give name and address of previous owner \_\_\_\_\_  
 THIS WELL HAS BEEN PLACED IN THE POOL DESCRIBED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Fredia Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Apres &amp; Queen SE Chavez-Queen Gas Area Assoc.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-28179</u>
Location <u>1650</u>	Unit Letter <u>G</u>	Feet From The <u>4639</u>	Line and <u>FNL</u>	Feet From The <u>1700</u>
Line of Section <u>3</u>	Township <u>13S</u>	Range <u>31E</u>	County <u>Chaves</u>	Com. No.

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, N.M. 88210</u>
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)

Is well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>3</u>	Twp. <u>13S</u>	Range <u>31E</u>	Is gas actually produced? <u>no</u>	When
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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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same as last time
Date Spudded <u>8-17-84</u>	Date Compl. Ready to Prod. <u>4-17-86</u>	Total Depth <u>3114'</u>	P.B.T.D. <u>3109'</u>				
Elevations (DF, RKB, RT, CR, etc.) <u>4439' GL</u>	Name of Producing Formation <u>Queen</u>	Top Oil/Gas Pay <u>3006'</u>	Tubing Length <u>3009'</u>				
Perforations <u>3006-3011.5'</u>				Depth Casing Shoe <u>3107'</u>			

**TUBING, CASING AND CEMENT LOG RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>409'</u>	<u>250 sxs.</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3107'</u>	<u>325 sxs.</u>

**TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or exceed total allowable for this depth or be for full 24 hours)

**OIL WELL**

Date First New Oil Run To Tanks <u>4-16-86</u>	Date of Test <u>4-17-86</u>	Producing Method (to flow, pump, gas lift, etc.) <u>Pumping</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure
Actual Prod. During Test <u>4.5</u>	Oil - Bbls. <u>4</u>	Water - Bbls. <u>.5</u>
		Gas - MCF <u>TSTM</u>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Karen J. Leislman  
 (Signature)  
 Production Clerk  
 (Title)  
 4-24-86  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED APR 28 1986, 1986

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a calculation of the test results on the well in accordance with RULE 1104.  
 All portions of this form must be filled out completely for wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or oil or such change of conditions.

# ARTESIA FISHING TOOL COMPANY

P. O. BOX ~~677~~ PHONE (505) 746-6651

470

ARTESIA, NEW MEXICO 88210

August 28, 1984

Yates Drilling Company  
207 South Fourth Street  
Artesia, NM 88210

Re: Fredia Federal #1  
1650' FNL & 1700' FEL  
Sec. 3, T13S, R31E  
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
411'	3/4 <sup>o</sup>
911'	3/4 <sup>o</sup>
1415'	3/4 <sup>o</sup>
1911'	1/2 <sup>o</sup>
2411'	1/4 <sup>o</sup>
2708'	1/4 <sup>o</sup>
3100'	1 <sup>o</sup>

Very truly yours,



B. N. Muncy Jr.  
Secretary

STATE OF NEW MEXICO  
COUNTY OF EDDY

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The foregoing was acknowledged before me this 28th day of August, 1984.

