

RECEIVED

JUN 23 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

FILE	☒
DEPT.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATION	☒
PRODUCTION OFFICE	☒

LATCH OPERATIONS ✓

Address
Box 10108 LUBBOCK TX 79408

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SPURCK	6Y	YATES - SEVEN RIVERS	State, Federal or Fed STATE	B 8318
Location	Unit Letter	Feet From The	Line and	Feet From The
	I	1670	SOUTH	990 EAST
Line of Section	Township	Range	NMPM	County
24	17S	27E	EDDY	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
NAVAJO CRUDE OIL Purchasing Co	Box 159 Artesia NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NA	NA
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	
I 24 17S 27E	NA

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
5/11/81	7/16/81	505'	505'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3513 GR	YATES 15R	456'	500'					
Perforations			Depth Casing Shoe					
OPEN HOLE			448'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8" - 26"	448'	250 SACS (civ)
	2 3/8"	500'	

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 total bbl. for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
6/11/82	6/4/82	PUMP	-0-
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
24	-0-	-0-	-0-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
1 1/2 total fluid	1	1/2	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
NA			
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Joseph B Schiel Jr
(Signature)
Agent
23 June 82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY W. A. Gressett

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 tabulation of the device 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 well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.