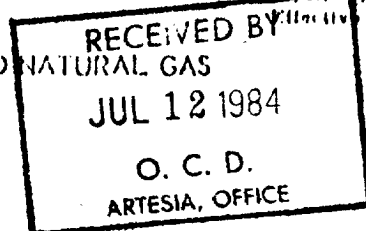


DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

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



C. E. LaRue and B. N. Muncy, Jr.

Address

P. O. Box 470, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-18-84
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

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.
YATES FEDERAL	1	High Lonesome Queen	State, Federal or Fee Federal	NM36494
Location				
Unit Letter	P	Feet From The	South	Line and
		330		330
		Feet From The	East	
Line of Section	10	Township	16-S	Range
				29-E
				NMPM,
				Eddy
				County

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 Refining Company	P. O. Box 175, Artesia, New Mexico 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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	10	16S	29E	No	

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'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
5/19/84	7/6/84		2044'			2044'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3709.9 GL	Queen		1972'			1970'		
Perforations						Depth Casing Shoe		
1972' - 2000'						2044'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	427'	250 circulated
7 7/8"	5 1/2"	2044'	735 circulated
	2 3/8	1970	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/6/84	7/8/84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-0-	-0-	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	8	-0-	TSTM

Post FD-2
7-20-84
Cory + AK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

Operator

(Signature)

(Title)

July 11, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 17 1984, 19

Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.