

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

Form 100-1
Supersedes O.C. 10-1 and O-116
1-1-59

NEW MEXICO OIL CONSERVATION COMMISSION
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR

RECEIVED

I. PRODUCTION OFFICE
Name S. P. Yates
Address 207 South Fourth St., Artesia, New Mexico 88210
Reasons for filing (check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name State D Well No. 2 Pool Name, including Formation Artesia Kind of Lease State
Location 0 330 Feet From The South Line and 1650 Feet From The East
Line of Section 24 Township 18S Range 27E NMPM Eddy County

III. 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 Co. Pipe Line Co. P. O. Box 67, 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 P Sec. 24 Twp. 18S Rge. 27E Is gas actually connected? Yes When _____

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

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Res'ty. ☐ Diff. Res'ty.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.T.D.
Pool _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

V. 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.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Test Running Test _____ Oil-Basis _____ Water-Basis _____ Gas-Basis _____

GAS WELL
Actual Test Running Test _____ Length of Test _____ Basis, Condensate/MSCF _____ Gravity of Condensate _____
Testing Method (pitot, back pt.) _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

VI. 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.
APPROVED _____ JUN 26 1969
BY Carl M. Gussert
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