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| SANCTUARY | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PROBATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-164
Supersedes OIL C-104 and
Effective 1-1-65

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JAN 25 1985

O. C. D.

ARTESIA, OFFICE

Sparkman Producing Co.

Address

777 Taylor St., Suite IIA, Ft. Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Crude Oil

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

American Petrofina Co. of Tex, Box 2990, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|-------------------------|-----------------------------|-------------------|
| Lease Name | Well No. | Pool Name, Including F | Kind of Lease | Lease No |
| McNutt State | 16 | Artesia, (Grayburg, SA) | State, Federal or Fee State | 647 |
| Location | | | | |
| Unit Letter | L | Feet From The | South Line and | 460 Feet From The |
| Line of Section | 21 | Township | 18 | Range |
| | | 28 | | 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. | | N. Freeman Ave., Artesia, NM 88201 | | | | |
| Name of Authorized Transporter of Casinghead Gas | or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | | | |
| None | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. | Is gas actually connected? | When |
| | N | 21 | 18 | 28 | No | |

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

No

V. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | 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 | | | | | |
| | | | Post FD-3 | | | | | |
| | | | 4-12-85 | | | | | |
| | | | Chg. Op. | | | | | |

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 Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ED DIRE

VICE PRESIDENT OPERATIONS

JANUARY 23, 1985

OIL CONSERVATION COMMISSION

MAR 20 1985

APPROVED _____, 19

BY ORIGINAL SIGNED

BY LARRY BROOKS

TITLE GEOLOGIST - NMOCD

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 deviation 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.