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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 23 1985
O. C. D.
ARTESIA, OFFICE

Form C-164
Supersedes Old C-16,
Effective 1-1-65

1. Operator
Sparkman Producing Co. ✓
Address
777 Taylor St., Suite IIA, Ft. Worth, TX 76102
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Gas ☐ Other (Please explain)
If change of ownership give name and address of previous owner American Petrofina Co. of Tex, Box 2990, Midland, TX 79702

1. DESCRIPTION OF WELL AND LEASE
Lease Name Resler-Yates State Well No. 302 Pool Name, Including Formation Queen, Artesia, (Grayburg, SA) Kind of Lease State, Federal or Fee State Lease No. 647
Location
Unit Letter P : 950 Feet From The East Line and 42.5 Feet From The South
Line of Section 21 Township 18 Range 28, NMPM, Eddy County

1. 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 C Sec. 28 Twp. 18 Rge. 28 Is gas actually connected? No When
If this production is commingled with that from any other lease or pool, give commingling order number: No

1. 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, CR, 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 20-3
4-12-85
Chg. Op

1. 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 (Signature)
VICE PRESIDENT OPERATIONS (Title)
JANUARY 23, 1985 (Date)
OIL CONSERVATION COMMISSION
MAR 28 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.