

NO. OF COPIES RECEIVED

DISTRIBUTION

SAN F A F E

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

TRANSPORTATION TO TRANSPORT OIL AND NATURAL GAS

Form C-164

Supersedes O.I.C-10.

Effective 1-1-65

RECEIVED BY

JAN 25 1985

O. C. D.

ARTESIA OFFICE

I. OPERATOR

Sparkman Producing Co.

Address

777 Taylor St., Suite 11A, Ft. Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Gas

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

Resler-Yates State

Well No.

65

Pool Name, Including Formation

Queen, Artesia, (Grayburg, SA)

Kind of Lease

State, Federal or Fee

State

Lease No.

647

Location

Unit Letter

P

Feet From The

830

South

Line and

200

Feet From The

EAST

Line of Section

30

Township

18

Range

28

NMPM,

Eddy

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Navajo Refining Co.

Address (Give address to which approved copy of this form is to be sent)

N. Freeman Ave., Artesia, NM 88201

Name of Authorized Transporter of Casinghead Gas

None

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

C

Sec.

28

Twp.

18

Rge.

28

is gas actually connected?

No

When

IV. COMPLETION DATA

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

NO

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res't.

Diff. Res't.

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 28 1985

APPROVED

BY

ORIGINAL SIGNED

BY LARRY BROOKS

TITLE

GEOLOGIST - NMOC

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.