

U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

SPARKMAN PRODUCING COMPANY
777 Taylor St., Suite II A, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil
Casinghead Gas

Other (Please explain)
Injection Well

If change of ownership give name and address of previous owner: American Petrofina Company of Texas, Box 2990, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name
Resler Yates State

Well No.
7

Pool Name, including Formation
(Queen-Grayburg-San Andres)

Kind of Lease
State, Federal or Fee State

Lease No.
647

Location
Unit Letter D : 550 Feet From The North Line and 450 Feet From The West
Line of Section 32 Township 18 Range 28, 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)

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.

Rgs.

Is gas actually connected?

When

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.

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 ID-3
			4-12-88
			Chg. Op

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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-Bble.

Water-Bble.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bble. 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

BY ORIGINAL SIGNED BY LARRY BROOKS

TITLE GEOLOGIST NMOCB

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 deviate 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.