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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION MISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

RECEIVED BY

JAN 25 1985

O. C. D.

ARTESIA, OFFICE

I.

Operator

Sparkman Producing Company

Address

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 ☐Dry Gas ☐Condensate ☐

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Levers State	7	(Queen-Grayburg-San Andres)	State, Federal or Fee State	703 (2)
Location				
Unit Letter <u>N</u> ; <u>247</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>18</u> Range <u>28</u> , NMPM, <u>Eddy</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Rge.	Is gas actually connected?	When

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

I. 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 FD-3
			4-13-85
			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 (pitot, 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

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAR 28 1985

APPROVED _____, 19____

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 deviated 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.