

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 9 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

|                        |   |
|------------------------|---|
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| LAND OFFICE            |   |
| TRANSPORTER            | 1 |
| OPERATOR               | 1 |
| PRODUCTION OFFICE      |   |
| Operator               |   |

Yates Drilling Company ✓

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain) Change Well Name:

FROM: Sivley Alscott Federal #3  
TO: South Loco Hills Unit #26If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                       |          |   |  |             |
|-----------------------|----------|---|--|-------------|
| Lease Name            | Well No. | Pool Name, including Formation                          | Kind of Lease                            | Lease No.   |
| South Loco Hills Unit | 26       | Loco Hills Q-G-SA                                       | NM-0924<br>State, Federal or Fee Federal |             |
| Location              |          |   |  |             |
| Unit Letter           | D        | 660 Feet From The North Line and 660 Feet From The West |  |             |
| Line of Section       | 29       | Township 18S  | Range 29E                                | County Eddy |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Refining Co. - Pipeline Division  | Box 159, Artesia, NM 88210   |
| 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,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | D 29 18 29   |

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'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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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

Engineering Secretary

8-4-82

## OIL CONSERVATION DIVISION

AUG 11 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Lester A. Clements  
SUPERVISOR, DISTRICT 4

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1101.

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 conditions.

Forms C-104 must be filed for each pool in multiple.