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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 25 1985

O. C. D.

ARTESIA OFFICE

1.

Operator

Sparkman Producing Co.

Address

777 Taylor St., Suite IIA, Ft. Worth, TX 76102

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Resler-Yates State	317	Artesia, (Grayburg, SA)	State, Federal or Fee State	647
Location				
Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>21</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 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.	N. Freeman Ave., Artesia, NM 88201					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	28	18	28	No	

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

No

7. 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				
					Past ID-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

(Signature)

VICE PRESIDENT OPERATIONS

(Title)

JANUARY 23, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 28 1985, 19

BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMCCD

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.