| U.S.G.S. | | AND | | CHACHAG 1x1-2 | 3 |
|--|--|---|---|---------------------------------------|---------------|
| LAND OFFICE | ECEIVED BY 10 R | MSPORT OIL / | NATURAL G | v 2 | |
| TRANSPORTER GAS | JAN 25 '985 | | | | |
| OPERATOR PROBATION OFFICE | O. C. D. | | | | |
| Operato: | ARTESIA, OFFICE | V 1.4 | · | | |
| Sparkman Producing Com | | 6102 | | | |
| 777 Taylor St., Suite | J | Other (Pleas | e explain) | · · · · · · · · · · · · · · · · · · · | |
| Recompletion | Change in Transporter of: Oil Dry Gr | n [Inje | ection Wel | 1. | |
| Change in Ownership (X) | Castaghed Gas Conde | ns ate | · | | |
| Change of ownership give name and address of previous owner | American Petrofina Compa | any of Texas, Bo | эк 2990, М | idland, TX 79 | 702 |
| DESCRIPTION OF WELL AND | LEASE Well No. Pool Name, Including F | umation Artesia | Kind of Lease | | Lease No |
| Resler Yates State | 341 (Queen-Graybur | | State, Federal | or Foo State | 647 |
| | To Feel From The South Lin | ne and 1650 | Feet From T | ho West | |
| Line of Section 29 Tow | vaship 18 Range | 28 , NMPI | u, Eddy | | County |
| DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | | to which approv | ed copy of this form is t | 2 h = 2 - 1 h |
| Ing | | | | | i t |
| Name of Authorized Transporter of Cas | linghead Gas or Dry Gas | Address (Give address | to which approv | ed copy of this form is t | o be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. | Is gas actually connec | ted? Whe | n . | |
| f this production is commingled wit COMPLETION DATA | h that from any other lease or pool, | give commingling orde | er number: | | • |
| Designate Type of Completion | n — (X) Oil Well Gas Well | New Well Workover | Deapen | Plug Back Same Res | 'v. Dill. Res |
| Date Spudded | Date Compt. Ready to Prod. | Total Depth | | P.B.T.D. | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | |
| Perferetions | | | Depth Casing Shos | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTHS | ET | SACKS CEMENT Post ID-3 | |
| | | | | 4-12- | |
| | | | | cng.o | ρ |
| TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top 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 | |
| | | Woter-Bbla. | | Gas-MCF | |
| Actual Prod. During Test | Oll-Bbis. | WCIGI-DSIA. | | odo-wer | • |
| GAS WELL | | | | | |
| Actual Frad. Test-MCF/D | Length of Test | Bbls. Condensate/MMC | F | Gravity of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (5aut | :-in) | Choke:Size | |
| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION MAR 28 1985 | | | |
| hereby certify that the rules and r | egulations of the Oil Conservation | APPROVED | man 20 19 | 85 | 19 |
| Commission have been complied washove is true and complete to the | best of my knowledge and Set I | BY ORIGINAL BY LARE TITLE GEOLOGI | AL SIGNED RY BROOKS ST. NMOCD | | |
| | 0000 | This form is t | o be fited in c | ompliance with RULE | |
| ED DIRE | If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabbletion of the deviation tests taken on the well in accordance with MULE 111. | | | | |
| VICE PRESIDENT OPER | All mections o | f this form mus | it be filled out comple | | |
| JANUARY 23, 1985 | Fill out only | Sections I. II. | III, and VI for change, or other auch chang | ges of owne | |
| (Da | Il west name or nome. | , | | | |