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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes O.I.C-104 and C-1  
Effective 1-1-65

AND  
TRANSPORT OIL AND NATURAL GAS

**RECEIVED BY**  
**JAN 25 1985**  
**O. C. D.**  
**ARTESIA, OFFICE**

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: Oil  Dry Gas

Recompletion  Gas  Condensate

Change in Ownership  Gas  Condensate

If change of ownership give name and address of previous owner American Petrofina Co. of Tex, Box 2990, Midland, TX 79702

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Resler Yates State</b>	Well No. <b>380</b>	Pool Name, Including Formation <b>Queen, Artesia, (Grayburg, SA)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>647</b>
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>EAST</u>				
Line of Section <u>32</u> Township <u>18</u> Range <u>28</u> , NMPM, <u>Eddy</u> County				

**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):					
<u>Navajo Refining Co.</u>	<u>N. Freeman Ave., Artesia, NM 88201</u>					
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):					
<u>None</u>						
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>28</u>	Twp. <u>18</u>	Rge. <u>28</u>	Is gas actually connected? <u>No</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: No

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. 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		
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>4-12-85</u>
			<u>Chg. Op.</u>

**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) Ed Dire  
VICE PRESIDENT OPERATIONS  
(Title)  
JANUARY 23, 1985  
(Date)

OIL CONSERVATION COMMISSION  
**MAR 28 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
TITLE GEOLOGIST - NMOCD

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.