

REGISTRATION	☒
SALES	☒
LEASE	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
REGISTRATION OFFICE	☒

RECEIVED BY
SANTA FE, NEW MEXICO 87501

FEB 6 1985

O. C. D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

P. O. Box 1933, Roswell, New Mexico 88201

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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-11-85UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

Ex. 2-741

DESCRIPTION OF WELL AND LEASE R-7875 EFF. 4-16-85

Lease Name

Loco Hills Welch

Location

Well No.

1

Pool Name, Including Formation

Bone Springs

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Unit Letter D : 480 Feet From The North Line and 500 Feet From The West

Line of Section 9 Township 18S Range 29E, NMPM, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒or Condensate ☐

Navajo Refining Co.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 159, Artesia, New Mexico 88201

Name of Authorized Transporter of Casinghead Gas ☐or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

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:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well ☒Gas Well ☐New Well ☐Workover ☐Deepen ☐Plug Back ☒Same Reservoir ☐Full Reservoir ☐

Date Completed

9/19/78

Date Compl. Ready to Prod.

9/30/78

Total Depth

11,200

P.B.T.D.

7351

Elevations (DF, RAB, RT, CR, etc.)

3516

Name of Producing Formation

Bone Springs

Top Oil/Gas Pay

7294'

Tubing Depth

7340

Elevations

Depth Casing Shoe

7294' to 7241' Bone Springs

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
PREVIOUS	12 3/4	402	475 SXS
PREVIOUS	8 5/8	2910	1300 SXS
7 7/8	5 1/2	11199	725 SXS

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks

2/1/85

Date of Test

2/2/85

Producing Method (Flow, pump, gas lift, etc.)

Pump

Length of Test

24 hrs

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

54

Water-Bbls.

81

Gas-MCF

TSTM

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

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.

Ray F. O. K.
(Signature)

Reservoir Engineer

(Title)

February 4, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 11 1985

BY: Original Signed By

Leslie A. Clements

TITLE: Supervisor District II

This form is to be filled 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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms O-104 must be filled for each pool in multi-completed wells.

