

OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2084

SANTA FE, NEW MEXICO 87501 APR 22 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	1
PRODUCTION OFFICE	

Operator  
Ralph Nix

Address

P. O. Box 617 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner Yates Petroleum Corp. 207 S. 4th St., Artesia, New Mexico

DESCRIPTION OF WELL AND LEASE

Lease Name Hondo Kelly Comm.	Well No. 1	Pool Name, Including Formation Wildcat Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 27 Township 18S Range 26E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
none, well shut-in. Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
none, well shut-in. Address (Give address to which approved copy of this form is to be sent)

If 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 Some Rekey Drill Rekey

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 (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	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

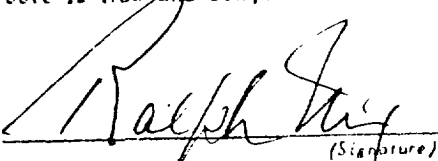
Posted ID-3  
Change Operator  
5-7-82

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.

  
(Signature)

Ralph Nix

(Date)

4/20/82

(Date)

OIL CONSERVATION DIVISION

MAY - 3 1982

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

BY   
SUPERVISOR, DISTRICT II

TITLE

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, transporter or other such change of condition. This form must be filed for each pool in multi-