

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAR 15 1982

REQUEST FOR ALLOWABLE ADJUSTMENT  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |  |
|-------------------|--|
| NAME OF PRODUCER  |  |
| INTEREST          |  |
| SANITARY          |  |
| FILE              |  |
| U.F.O.B.          |  |
| LAND OFFICE       |  |
| TRANSPORTER       |  |
| OIL               |  |
| NATURAL GAS       |  |
| OPERATOR          |  |
| PRODUCTION OFFICE |  |
| C. number         |  |

Premier Production Company

Address  
324 West Main, Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 5-1-82  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINEDIf change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                       |          |                                 |                               |              |
|-----------------------|----------|---------------------------------|-------------------------------|--------------|
| Lease Name            | Well No. | Pool Name, Including Formations | Kind of Lease                 | Lease No.    |
| Yates Premier Federal | 1        | Queen/Greyburg                  | State, Federal or Fee federal | LC055696     |
| Location              |          |                                 |                               |              |
| Unit Letter           | 0        | 1980                            | Feet From The East            | Line and 660 |
| Line of Section       | 22       | Township                        | 18                            | Range 29     |
| , NMPD, Eddy          |          |                                 |                               |              |

## 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 Crude Oil Purchasing Company                                                                              | P.O. Drawer 159 Artesia, NM 88210                                        |      |      |      |                            |      |
| 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) |      |      |      |                            |      |
|                                                                                                                  | Artesia, NM 88210                                                        |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.                                                      | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                  | 0                                                                        | 22   | 18   | 29   | No                         |      |

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 Wells | Diff. Re- |
|                                                                                                        | XX                          |          |                 |          |                   |           |            |           |
| Date Spudded                                                                                           | Date Compl. Ready to Prod.  |          | Total Depth     |          | R.B.T.D.          |           |            |           |
| 1-1-82                                                                                                 | 2-10-82                     |          | 3186'           |          | 2736'             |           |            |           |
| Elevations (DF, RHP, RT, CR, etc.)                                                                     | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |           |
| GL 3466                                                                                                | Queen/Greyburg              |          | Queen 2080'     |          | 2675'             |           |            |           |
| Perforations 2080, 81, 82, 83, 84, 85, 86, 87½, 90 & 91. 2534, 35, 36, 37, 38, 2539, 40, 41, 42, & 43. |                             |          |                 |          | Depth Casing Shoe |           |            |           |
|                                                                                                        |                             |          |                 |          | 3168'             |           |            |           |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |               |
|-----------|----------------------|-----------|---------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT  |
| 12½"      | 8-5/8" K55           | 364'      | 300 sax       |
| 7-7/8"    | 4½" K55              | 3168'     | 1650 sax cir. |
|           | 2-3/8"               | 2775'     |               |

## 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 2-10-82                         | 3-10-82         | pump                                          |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24hrs.                          |                 |                                               |            |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
|                                 | 80              | 15                                            | not tested |

## 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.

*Robert J. Roberts*  
(Signature)  
*Roger J. Roberts*  
(Date)  
3-13-82  
(Date)

## OIL CONSERVATION DIVISION

MAR 22 1982

APPROVED

BY

Mike Walker

TITLE

This form is to be filed in compliance with RULE 306.

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  
used taken on the well in accordance with RULE 306.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 all other wells.  
Well name or number, or transporter or other such data must be  
filled in on Form O-104 and be filed in accordance with RULE 306.

## STEWART - OTHERS DRILLING CO. - DR. T RECORD

Client:

Well \$:

Reynolds Reduction Co.

YATES PREMIER Fed. #1

[illegible]

## CERTIFICATION

Pusher

Date JAN. 14-52

Appeared before me this date to  
certify and affirm the above to  
be a true and accurate record.

Notary

Notary Nancy King