

OIL CONSERVATION DIVISION

TO BE FILLED BY	
REGISTRATION	☒
SALES	☒
LEASES	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATION	☒
PERMITS	☒
REGISTRATION OFFICE	☒
OPERATION	☒

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SANTA FE, NEW MEXICO 87501

P. O. BOX 2088

FEB 14 1986

REQUEST FOR ALLOWABLE
AND

O. C. D.

ARTESIAN

TO TRANSPORT OIL AND NATURAL GAS

Harvey E. Yates Company

Address
PO 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

PLACED AFTER 3-24-86

UNLESS AN EXCEPTION FROM

THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Loco Sand Hills 9 Federal	Well No. 1	Pool Name, including Formation Wildcat-Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-26385
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>18S</u> Range <u>30 E</u> NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1959, Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>9</u> Twp. <u>18</u> Rge. <u>30</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

COMPLETION DATA

Designate Type of Completion - (X) <u>XX</u>	Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Once ☐ Same Hole's, Diff. Hole's ☐		
Date Spudded <u>11-29-85</u>	Date Compl. Ready to Prod. <u>2-10-86</u>	Total Depth <u>9240</u>	P.B.T.D. <u>8625</u>
Elevations (DF, RAD, RT, GK, etc.) <u>3496 GL</u>	Name of Producing Formation <u>Bone Springs</u>	Top Oil/Gas Pay <u>7142</u>	Tubing Depth <u>7062</u>
Perforations <u>7142-8220</u>			Depth Casing Shoe <u>9240</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	305	300sks
11	8 5/8	1512	800 sks
7 7/8	5 1/2	9240	1740 sks
	<u>2 3/8</u>	<u>7062</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 <u>2-4-86</u>	Date of Test <u>2-7-86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	Choke Size <u>1/2</u>
Length of Test <u>24</u>	Tubing Pressure <u>80</u>	Casing Pressure <u>0</u>	Gas-MCF <u>107</u>
Actual Prod. During Test	Oil-bbls. <u>130</u>	Water-bbls. <u>170</u>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spiral, 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.

Drilling Superintendent

2-12-86

(Date)

OIL CONSERVATION DIVISION

FEB 21 1986

APPROVED _____, 19

Original Signed By

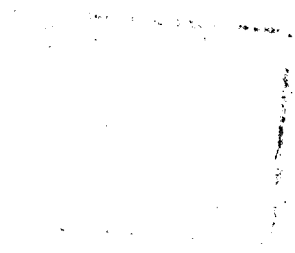
BY Los A. ClementsTITLE Supervisor District #1

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 allowables 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 conditions. For each well, fill out one set of this form in duplicate.



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