

RECEIVED

JUN 10 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U. O. B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	
REGULATOR	

Harvey E. Yates Company

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

REENTRY

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Ex # 2-663

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
SST	1	Wildcat-Bone Springs	State, Federal or Fee State	V-689
Location	Unit Letter	Feet From The	Line and	Feet From The
	G	1980	North	1980
			East	
Line of Section	T. nship	Range	NMPM,	County
6	19S	29E	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)					
Southern Union Refining Company	P. O. Box 980, Hobbs, New Mexico 88240					
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	6	19S	29E	No-Use for fuel (TSTM)	

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 Res/v.	Diff. Res.
	X			Reentry				
Date Spudded Reentered	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4/12/83	5/22/83	original 11,500	8195					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3393.4' GL	Bone Springs	7865	7938					
Perforations			Depth Casing Shoe					
7865-7878								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	418	400 SXS
12 1/2	9 5/8	3665	2150 SXS
7 7/8	5 1/2	11500	1700 SXS
	2 3/8	7938	

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 of  
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.)	Post-Test
5/28/83	5/28/83	Pump 2" X 1 1/2" X 20'	FD-2 6-17-83 Comp. Re-entry
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
22 hrs	0	0	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	73	0	TSTM

## 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.

Reservoir Engineer

June 9, 1983

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 16 1983

Original Signed By  
Lois A. Clements  
Supervisor District IIThis form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the devt  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of o  
well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in mu  
completed wells.