

OIL CONSERVATION DIVISION

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

FEB 25 1985

REQUEST FOR ALLOWABLE

AND

O. C. D.

ARTESIA OFFICE

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)

Effective March 1, 1985

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name SST Well No. 1 Pool Name, Including Formation Palmillo Bone Springs Kind of Lease State, Federal or Free State Lease V-689

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 6 Township 19S Range 29E NMPMA Eddy Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Refining Company

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

P. O. Box 159, Artesia, New Mexico 88210

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,
see location of tanks.

Unit G Sec. 6 Twp. 19 Rge. 29

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 as prev. Diff.
Date Logged	Date Compl. Ready to Produ.	Total Depth	P.B.T.D.				
Elevations (DF, RAB, RF, CR, 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
able for this depth or be for full 24 hours)

Test Type	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Post ID-3
Test First New Oil Run To Tanks			3-1-85
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Artificial Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Artificial Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (spot, 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.

D. M. Hayes
(Signature)

Drilling Superintendent

(Title)

February 21, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED

Original Signed By

BY Leslie A. Clements

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all 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 Form C-104 must be filled for each pool in new recompleted wells.