

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED

APR 07 1983

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |  |
|-------------------|--|
| NAME OF OPERATOR  |  |
| DISTRIBUTION      |  |
| SALES             |  |
| PIPE              |  |
| LAND OFFICE       |  |
| TRANSPORTER       |  |
| OPERATOR          |  |
| PRODUCTION OFFICE |  |

Jack Plemons

Address

P.O. Box 385, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input checked="" type="checkbox"/> | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

Other (Please explain)

Request testing allowable of 300 bbls.  
Shugart Yates Open hole 2633-40(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. |
| McFadden Federal | 5Y       | Shugart Yates-SR-4-G           | State, Federal or Fee Fed. | NM 29353A |

Location

Unit Letter A : 990 Feet From The North Line and 360 Feet From The EastLine of Section 3 Township 19S Range 31E NMPM. Eddy County

## 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 Refining Company  | Drawer 159, Artesia, New Mexico 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) |

|   |      |      |      |      |                            |      |
|---|------|------|------|------|----------------------------|------|
| If well produces oil or liquids,<br>give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|   | A    | 3    | 19   | 31   | 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 Res'ty. | Diff. Res'ty. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |               |
| Deviation (DF, RAB, RL, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |              |               |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |              |               |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| POLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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)

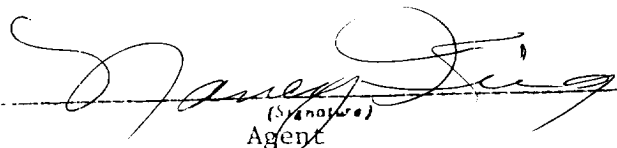
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Test | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## 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)  
Agent(File)  
4-7-83

(Date)

## OIL CONSERVATION DIVISION

APR 07 1983

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

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 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, or transporter, or other such change of condition.

Separate forms C-104 must be filed for each pool in multiphase completed wells.