

OIL CONSERVATION DIVISION

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PRODUCTION OFFICE	

RECEIVED BY  
JUL 27 1987  
O.C.D.  
ARTESIA, OFFICE

O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Ralph E. Williamson (formerly New Tex Oil Company)

Address  
805 One First City Center Midland, Texas 79701

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Change in ownership from New Tex Oil Co.  
P.O. Box 297, Hobbs, N.M. 88240 to  
Ralph E. Williamson (address above)

If change of ownership give name and address of previous owner  
New Tex Oil Co. P.O. Box 297 Hobbs, N.M. 88240

DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal	Well No. 1	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 47519
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Location  
Unit Letter H ; 330 Feet From The South Line and 990 Feet From The East  
Line of Section 34 Township 26 Range 29 , 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Ponca City, OK 74603

If well produces oil or liquids, give location of tanks.  
Unit H Sec. 34 Twp. 26 Rge. 29 Is gas actually connected? Yes When 5-3-84

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. R.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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
			<u>Post 10-3</u>
			<u>7-31-87</u>
			<u>chg op</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	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.

Kala D. Schmidt  
(Signature)  
Production  
(Title)  
July 21, 1987  
(Date)

OIL CONSERVATION DIVISION  
JUL 28 1987

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

BY Les A. Clements  
Original Signed By  
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 device tests taken on the well in accordance with RULE 111.  
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 changes of ownership, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.