NEW MEXICO OIL CONSERVATION DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form Revis

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 22 1982
O. C. D.
ARTESIA, OFFICE

Operator: Harvey E. Yates Company

Address: P. O. Box 1933 Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE R-7322 8/1/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Seymour State Com	#1	~~Wildcat~~ S. Pecos Slope Abo	State, Federal or Fee St	L-6775

Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West

Line of Section 18 Township 9 South Range 27 East , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Southern Union Refining Company
Address (Give address to which approved copy of this form is to be sent): 1001 N. Turner Hobbs, NM 88240

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Transwestern Pipeline Company
Address (Give address to which approved copy of this form is to be sent): P. O. Box 2521 Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	18	9-S	29-E	~~No~~ Yes	12-17-82 ~~est @ 8-20-82~~

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'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-30-81	5-28-82	6385'	6064'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3811.8' GL	Abo	4912'	5991'
Perforations			**Depth Casing Shoe**
4912' to 4929'			6343'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	352'	340
11"	8-5/8"	1525'	650
7-7/8"	5-1/2"	6343'	1590
	2-3/8"	4800'	

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 allowable for this depth or be for full 24 hours)

OIL WELL

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
1189	12 hr	trace	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Press	1000 psi	1000 psi	1/2"

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.

Rick T Sandel
(Signature)

Engineer
(Title)

7/16/82
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 19 1983, 19

BY Original Signed 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 multiply completed wells.