

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes O.I.C.-104
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JAN 25 1985
O. C. D.
ARTESIA OFFICE

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DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		<input checked="" type="checkbox"/>

I. Operator Sparkman Producing Co.
Address 777 Taylor St., Suite 11A, Ft. Worth, TX 76102
Reason(s) for filing (Check proper box)
New Well Change in transporter of:
Recompletion Oil Dry Gas
Change in Ownership Gas Gas
If change of ownership give name and address of previous owner American Petrofina Co. of Tex, Box 2990, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE
Lease Name Resler-Yates State Well No. 61 Pool Name, including Formation Ogden, Artesia, (Grayburg, SA) Kind of Lease State Lease No. 647
Location
Unit Letter C; 2380 Feet From The West Line and 1060 Feet From The North
Line of Section 32 Township 18 Range 28, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave., Artesia, NM 88201
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) None
If well produces oil or liquids, give location of tanks. Unit C Sec. 28 Twp. 18 Rge. 28 Is gas actually connected? No When _____

If this production is commingled with that from any other lease or pool, give commingling order number: No

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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 Post FD-3
4-12-85
Chg. Op

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 (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
ED DIRE (Signature) Ed Dire
VICE PRESIDENT OPERATIONS (Title)
JANUARY 23, 1985 (Date)

OIL CONSERVATION COMMISSION
MAR 28 1985
APPROVED _____, 19____
BY LARRY BROOKS
TITLE GEOLOGIST - NMCCD
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.