

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
 RECEIVED BY  
**JAN 25 1985**  
 O. C. D.  
 ARTESIA OFFICE

AND  
REGULATIVE 1-1-85

Operator: Sparkman Producing Company

Address: 777 Taylor St., Suite II A, Fort Worth, TX 76102

Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	Injection Well	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change In Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner: American Petrofina Company of Texas, Box 2990, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Resler Yates State</u>	Well No. <u>338</u>	Pool Name, Including Formation <u>(Queen-Grayburg-San Andres) Artesia</u>	Kind of Lease <u>State, Federal or Fee State</u>
Location			Lease No. <u>647</u>

Unit Letter I; 1650 Feet From The South Line and 330 Feet From The East Line of Section 29 Township 18 Range 28, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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, give location of tanks.	Unit Sec. Twp. Rge. 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 Resrv.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, 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
			<u>Post ID-3</u>
			<u>4-12-85</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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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  
ORIGINAL SIGNED  
GEOLOGIST - NMOCD

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 deviated 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.