

DATE RECEIVED	
DISTRIBUTION	
SALES	
FILE	
U.S.O.C.	
LAND OFFICE	
TRANSPORTER	☒ OIL ☒ GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator
Fred G. Yates, Inc.
Address
Sunwest Centre, Suite 919 Roswell, N.M. 88201
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease #
Sunburst 9 State Com	1	E. Saunders - Permo Penn	State, Federal or Fee	S2SWLH2213 NESWLH1329 NWSWLG1921
Location Unit Letter <u>M</u> : <u>760</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>West</u> Line of Section <u>9</u> T. <u>14S</u> Range <u>34E</u> NMPM, Lea Coun				

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)
Amoco Trucks	P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P.O. Box 1150, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>M</u> : <u>9</u> : <u>14S</u> : <u>34E</u>	No 1 month or less.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
	☒		☒					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/6/84	8/24/84	10,678	10,616					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
RKB 4152.0	Permo-Penn	10,320	10,477					
Perforations	Plan to perforate		Depth Casing Shoe					
10,420-25; 10,429-35; 10,440-50'	10,321-66' later		10,677					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		405		400			
11	8-5/8		4401		1900			
7-7/8	5-1/2		10677		500			
	2-7/8		10467					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

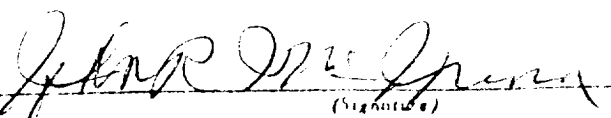
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/15/84 to test tank	8/17/84	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
10 hrs	Swabbing		
Actual Prod. During Test	Oil - Bbls.	water - Bbls.	Gas - MCF
99	83	16 (13 load & 3 new)	62 est/

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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)
Engineer
(Title)
9/14/84
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 19 1984, 19
BY ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR
TITLE DISTRICT SUPERVISOR
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 well name or number, or transporter, or other such change of condition.
Separate Form C-101 must be filed for each pool in multi-well and red wells.

RECEIVED

SEP 18 1984

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION