

OIL CONSERVATION DIVISION
 P. O. BOX 7088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator Yates Petroleum Corporation

Address 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<u>Casinghead gas connection.</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Freeman "ACF"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>NE Lovington Penn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Company of Texas, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558, Breckenridge, TX 76024</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Tipperary Oil & Gas Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3179, Midland, TX 79702</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>22</u> Twp. <u>16s</u> Rge. <u>37e</u>	Is gas actually connected? <u>Yes</u> When <u>June 8, 1985</u>

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.
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

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.

Suzanne D. Doherty
 (Signature)
 Production Supervisor

 (Title)
 6-19-85

 (Date)

OIL CONSERVATION DIVISION
JUN 24 1985
 APPROVED _____, 19____
 ORIGINAL SIGNED BY EDDIE SEAY
 BY _____
OIL & GAS INSPECTOR
 TITLE _____

This form is to be filed in compliance with RULE 1100.
 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 Form C-104 must be filed for each pool in multiple.

RECEIVED

JUN 24 1985

O.C.D.
HOBBES OFFICE

Yates Petroleum Corporation - Freeman ACF No. 1 - Lea County, New Mexico

The following is a summary of slope tests taken with the best instruments available on the above captioned well. These tests indicate inclination from vertical.

<u>DEPTH (Feet)</u>	<u>ANGLE INCLINATION (Degrees)</u>	<u>COURSE DISPLACEMENT (Feet)</u>	<u>ACCUMULATIVE DISPLACEMENT (Feet)</u>
150	3/4	1.97	1.97
455	1/2	2.65	4.62
890	3/4	5.70	10.32
1426	1 1/4	11.68	22.00
1910	1/4	2.13	24.13
2285	1 1/4	8.18	32.31
2640	1 1/4	7.74	40.05
2882	1	4.24	44.29
3160	1 1/2	7.28	51.57
3500	1	5.95	57.52
3995	3/4	6.48	64.00
4294	1	5.23	69.23
4620	1	5.71	74.94
5055	3/4	5.70	80.64
5550	3/4	6.48	87.12
5997	3/4	5.86	92.98
6463	1/2	4.05	97.03
6855	1/2	3.41	100.44
7290	3/4	5.70	106.14
7833	1	9.50	115.64
8050	1	3.80	119.44
8475	1 1/4	9.27	128.71
8975	1 1/4	10.90	139.61
9472	1/2	4.32	143.93
9952	1 1/4	10.46	154.39
10410	3/4	6.00	160.39
10875	1/4	2.05	162.44
11079	1	3.57	166.01
11297	1 1/4	4.75	170.76
11850	1 3/4	16.87	187.63

DELTA DRILLING COMPANY

Ken Heathman
Ken Heathman
Division Manager

STATE OF TEXAS
COUNTY OF ECTOR

BEFORE ME, the undersigned authority, on this day personally appeared KEN HEATHMAN, known to be the person whose name is subscribed to the foregoing instrument.

GIVEN UNDER MY HAND AND SEAL OF NOTICE THIS the 12th day of June, 1985

J. B. Bissett

RECEIVED

JUN 18 1985

O.C.D.
HOBBS OFFICE