

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Yates Petroleum CorporationAddress
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Casinghead gas connection.

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

DESCRIPTION OF WELL AND LEASE

Lease Name Freeman "ACF"	Well No. 1	Pool Name, including Formation NE Lovington Penn	Kind of Lease State, Federal or Fee	Fee	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"/> Koch Oil Company of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Oil & Gas Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 22
	Twp. 16s	Rge. 37e
	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)

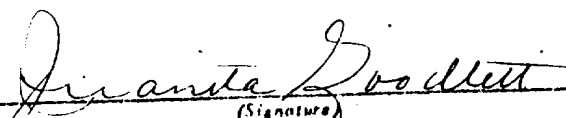
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


(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 111.

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.

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JUN 24 1985

O.C.D.
HOBBS 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

Jo Barnett

RECEIVED

JUN 18 1985

O.C.D.
HOBBS OFFICE