

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION 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) GAS MUST NOT BE
FLARED AFTER 8/1/85
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

I. 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 M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 22 Township 16S Range 37E, NMPM, Lea County				

II. 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 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 M	Sec. 22
	Twp. 16s	Rge. 37e
	Is gas actually connected? No	
	When	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-2-85	Date Compl. Ready to Prod. 6-11-85	Total Depth 11850'	P.B.T.D. 11605'
Elevations (DF, RKB, RT, GR, etc.) 3787.5' GR	Name of Producing Formation Penn	Top Oil/Gas Pay 11038'	Tubing Depth 10980'
Perforations 11038-11498'			Depth Casing Shoe 11850'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	455'	475 sx
11"	8-5/8"	4294'	1850 sx
7-7/8"	5-1/2"	11850'	1100 sx
	2-7/8"	10980'	

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-23-85	Date of Test 6-11-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 295	Casing Pressure Pkr	Choke Size 30/64"
Actual Prod. During Test 397	Oil-Bbls. 393	Water-Bbls. 4	Gas-MCF 86

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

V. 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.

Production Supervisor

6-13-85

(Date)

OIL CONSERVATION DIVISION

JUN 19 1985

APPROVED _____, 19

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 100.

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.