

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OF COPIES RECEIVED			
DISTRIBUTION			
NTA FE			
LE			
S.O.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPAGATION OFFICE			
Operator			

Fred G. Yates, Inc.

**Address** Sunwest Centre, Suite 1010, Roswell, NM 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOT BE          FLARED AFTER <u>9/1/85</u>          UNLESS AN EXCEPTION TO R-4070          IS OBTAINED</b>
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

### 1. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	State, Federal or Foreign State
Reddy-Gulf State	2	Scharb Bone Spring		LG-2417
Location				
Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Oil ☒ or Condensate ☐

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Box 1558, Breckenridge, TX 76024	
Koch Oil Company of Texas, Inc.						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	X	18	19S	35E	No	

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

#### IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
(X)			(X)						
Date Spudded 11/30/84	Date Compl. Ready to Prod. 7/1/85		Total Depth 10,270'			P.B.T.D. 9999'			
Elevations (DF, RKB, RT, GR, etc.) 3902' G.L.	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9700'			Tubing Depth 9880'			
Perforations 9800-9869', 9701-9729'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/4"	13 3/8", 54.5#		380'		400				
11"	8 5/8", 24 & 32#		3981'		1350				
	2 7/8"		9880'		-----				
Total volume of lost oil and must be equal to or exceed top of									

V. 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)

TEST DATA AND REQUEST FOR OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 6/30/85	Date of Test 7/3/85	Flowing	
Length of Test 24 hr.	Tubing Pressure 85	Casing Pressure Packer set	Choke Size 34/64"
Actual Prod. During Test 292 B.F.	Oil - Bbls. 265	Water - Bbls. 27	Gas - MCF 165

## GAS WELL

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

# 1. 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]*  
(Signature)

Engineer

(Title)

6/5/85

(Date)

OIL CONSERVATION DIVISION

JUL - 8 1985

APPROVED

ORIGINAL SIGNED BY JERRY SEX18

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep 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 crew  
well name or number, or transporter, or other such change of credit

Separate Form C-104 must be filed for each pool in each completed well.

RECEIVED

JUL - 8 1965

HOME