

OIL CONSERVATION DIVISION  
P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
Aid  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |  |
|------------------------|--|
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| SANTA FE               |  |
| FILE                   |  |
| M.D.S.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OIL                    |  |
| GAS                    |  |
| OPERATION              |  |
| PROMOTION OFFICE       |  |

Operator: Yates Petroleum Corporation  
Address: 105 South 4th St., Artesia, NM 88210

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):  
**CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 10-1-87  
 UNLESS AN EXCEPTION TO R-4070  
 IS OBTAINED.**

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

DESCRIPTION OF WELL AND LEASE  
 Lease Name: Cola ADO State Com      Well No.: 2      Pool Name, including Formation: Bar U Penn      Kind of Lease: State, Federal or Fee State      Lease No.: L-1348  
 Location: 1880  
 Unit Letter: E      ; 1980 Feet From The North Line and 760 Feet From The West  
 Line of Section: 31      Township: 8S      Range: 33E      NMPM,      Chaves County

*shares 160 ac w/cola ADO St #1-F*

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
Tesoro Crude Oil Co.      Address (Give address to which approved copy of this form is to be sent): PO Box 2297, Midland, TX 79702  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 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: F      Sec.: 31      Twp.: 8s      Rge.: 33e      Is gas actually connected? No      When: \_\_\_\_\_

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                       | <u>6-10-87</u>    | Date Compl. Ready to Prod.  | <u>8-5-87</u>     | Total Depth     | <u>9475'</u> | P.B.T.D.          | <u>9379'</u> |
| Elevations (DF, RKB, RT, GR, etc.) | <u>4394.6' GR</u> | Name of Producing Formation | <u>Permo Penn</u> | Top Oil/Gas Pay | <u>9109'</u> | Tubing Depth      | <u>9063'</u> |
| Perforations                       | <u>9109-9364'</u> |                             |                   |                 |              | Depth Casing Shoe | <u>9475'</u> |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE      | CASING & TUBING SIZE | DEPTH SET    | SACKS CEMENT   |
|----------------|----------------------|--------------|----------------|
| <u>17-1/2"</u> | <u>13-3/8"</u>       | <u>375'</u>  | <u>400 sx</u>  |
| <u>11"</u>     | <u>8-5/8"</u>        | <u>3870'</u> | <u>1350 sx</u> |
| <u>7-7/8"</u>  | <u>5-1/2"</u>        | <u>9475'</u> | <u>980 sx</u>  |
|                | <u>2-7/8"</u>        | <u>9063'</u> |                |

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: 7-31-87      Date of Test: 8-5-87      Producing Method (Flow, pump, gas lift, etc.): Pumping  
 Length of Test: 24 hrs      Tubing Pressure: 30#      Casing Pressure: 30#      Choke Size: Open  
 Actual Prod. During Test: 376      Oil-Bbls.: 97      Water-Bbls.: 279      Gas-MCF: 40 (est)

GAS WELL  
 Actual Prod. Test-MCF/D: \_\_\_\_\_      Length of Test: \_\_\_\_\_      Bbls. Condensate/MCF: \_\_\_\_\_      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.  
*Juanita Goodlett*  
 Production Supervisor  
8-7-87  
 (Date)

OIL CONSERVATION DIVISION  
 APPROVED AUG 10 1987  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 TITLE \_\_\_\_\_  
 This form is to be filed in compliance with RULE 1002.  
 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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MAY 10 1981  
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