

DISTRIBUTION		
ALTA FE		
FILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

I. Operator
Operator Y-F Petroleum Inc.
Address One Marienfeld Place, Suite 580 Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10-1-87</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Chevron State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>North Hume Wolfcamp 10/1/87</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>LG-4180</u>
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>15</u> Range <u>33</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Lantern Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2281 Midland, Texas 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>undesignated</u>	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	Sec.	Twp.	Rge.
				Is gas actually connected? <u>no</u>

If this production is commingled with that from any other lease or pool, give commingling order number: no

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded <u>4-29-87</u>	Date Compl. Ready to Prod. <u>7-27-87</u>	Total Depth <u>10,850</u>		P.B.T.D. <u>10,714</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>4142.4' GL</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>10,222</u>		Tubing Depth <u>9,065</u>				
Perforations <u>10222-10237</u>						Depth Casing Shoe		

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>450</u>	<u>475 sx class C</u>
<u>11</u>	<u>8 5/8</u>	<u>4460</u>	<u>1100 sx pacesetterli</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>10,850</u>	<u>750sxpacesetterH + 475sx class H</u>

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)

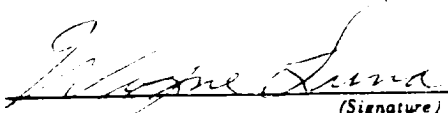
Date First New Oil Run To Tanks <u>7-28-87</u>	Date of Test <u>8-2-87</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping 1 1/2" insert rod pump 33"stro</u>	
Length of Test <u>24</u>	Tubing Pressure <u>pumping</u>	Casing Pressure <u>25#</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>---</u>	Oil - Bbls. <u>50</u>	Water - Bbls. <u>160</u>	Gas - MCF <u>61</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Production Superintendent
(Title)
8-3-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
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 Forms C-104 must be filed for each pool in multiple

RECEIVED
AUG 4 1987
OCD
MOBSS OFFICE