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OIL CONSERVATION DIVISION  
P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78  
RECEIVED  
MAR 25 1985  
D. C. D.  
ARTESIA, OFFICE  
46485

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Yates Petroleum Corporation  
Address  
207 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)  
Effective March 1, 1985  
If change of ownership give name and address of previous owner

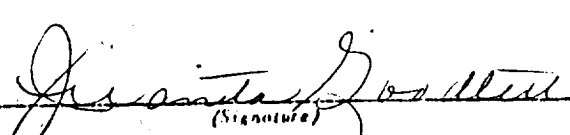
II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Chalupa AAD State Well No.: 1 Pool Name, including Formation: Saunders Permo Upper Penn Kind of Lease: State, Federal or Fee State Lease #: LG 2414  
Location  
Unit Letter: E ; 2310 Feet From The North Line and 330 Feet From The West  
Line of Section: 13 Township: 14S Range: 33E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  or Condensate   
Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 2528, Hobbs, NM 88240  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1589, Tulsa, OK 74101  
If well produces oil or liquids, give location of tanks. Unit: E Sec: 13 Twp: 14s Rge: 33e Is gas actually connected? Yes When: 11-29-84

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same as Prev.  Diff.   
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  
Elevations (DI, 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 SLT: SACKS CEMENT:

V. 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 oil able 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/MCF: Gravity of Condensate:  
Testing Method (pilot, 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 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  
3-22-85  
(Date)

OIL CONSERVATION DIVISION  
MAR 28 1985  
APPROVED: \_\_\_\_\_, 19  
BY: ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE: \_\_\_\_\_  
This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devts tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Form C-104 must be filled for each pool in multi-