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RECEIVED BY CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
MAR 27 1984
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Vintage Petroleum, Inc. ✓
Address
502 South Main Mall, Suite 400 Tulsa, OK 784103
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)
If change of ownership give name and address of previous owner
3535 N.W. 58th Street Oklahoma City, OK 73112
Texas International Petroleum Corporation (TIPCO)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied State	Well No. 1	Pool Name, including Formation S. Carlsbad (Morrow Gas)	Kind of Lease State, Federal or Fee State	Lease No. K-4538
Location Unit Letter I ; 1980 Feet From The South Line and 990 Feet From The East Line of Section 10 Township 23S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas Carlsbad Oil Co.	Address (Give address to which approved copy of this form is to be sent) 5500 Turner Dr., Int'l. City, TX 75116			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384 Jal, NM 88252			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 10	Twp. 23S	Rge. 26E
	Is gas actually connected? yes		When 1-28-76	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, 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 SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post-PP-3 3-30-84 Chg. OK	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	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.


(Signature)
Production Manager
(Title)
March 9, 1984
(Date)

OIL CONSERVATION DIVISION
MAR 28 1984
APPROVED _____, 19_____
BY _____ Original Signed By
Leslie A. Clements
TITLE _____ Supervisor District II

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.