

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTED	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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) CHANGE WELL NAME:
FROM: Lario-State Com #1
TO: Cola "ADO" State Com #1
If change of ownership give name and address of previous owner
Cola Petroleum, Inc., 700 Park Central VII-74,
12750 Merit Drive, Dallas, TX 75251

II. DESCRIPTION OF WELL AND LEASE
Lease Name Cola "ADO" State Well No. 1 Pool Name, Including Formation Bar-U-Penn Kind of Lease State, Federal or Fee State Lease No. LG 1348
Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 31 Township 8S Range 33E, NMPM, Chaves County

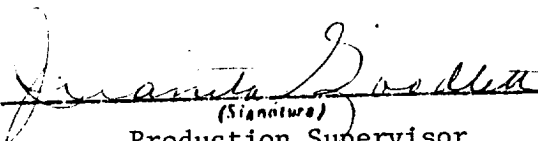
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 Some Res'v. Diff. Res'
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKH, 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.)
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/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.

Production Supervisor
(Date)
11-20-85
(Date)

OIL CONSERVATION DIVISION
NOV 22 1985
APPROVED _____, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector
This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-

RECEIVED

NOV 21 1985

C.C.D.
HOBBS OFFICE