BTATE OF NEW MEXICO 16Y AND MINISTRALS DEPARTMENT 00 00 107:10 PETETVE billiamption PARTAPE PARTAPE U.S.O.S. LAND OFFICE TRANSPORTER OIL

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

REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PADRATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
Yates]	Petroleum Corporation		
207 So	uth 4th St., Artesia, NM 8	38210	
Reason(s) for filing (CArch proper box) New Well X Change in Transporter of: Accompletion Cil Dry Gas UNLESS AN EXCEPTION TO R-4070 Change in Ownership Cosinghead Gas Condensate IS OBTAINED.			
If change of ownership give name	THIS WELL HAS BEE		
and address of previous owner	NOTIFY THIS OFFICE	NO CONCUR 7	1
DESCRIPTION OF WELL AN Lease Name Chalupa AAD State	DIEASE Mell No. Pool Name, Including F	ormation Kind of Loc State, Fede	
Unit Letter E : 23	10 Feet From The North Li	ne and 330 Feel From	n The. <u>West</u>
Line of Section 13	Foreiship 14S Range	33E , NMPM, Lea	County
	RTER OF OIL AND NATURAL G		
		Address (Give address to which approved copy of this form is to be sent) Roy 150 Artacia NM 88210	
Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 159, Artesia, NM 88210 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. E 13 14s 33e		hen Approx 1-2 weeks
	with that from any other lease or pool,		
COMPLETION DATA Designate Type of Complet	tion (X) Oil Well Gas Well	New Well Workover Deepen	Plug Bock Same Resty, Diff, Rest
Date Spydded 9-2-84	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Dievations (DF, RKB, RT, GR, etc.,	10-29-84 Hame of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4181.3' GR	Permo Penn	9821'	9828'
Perforations 9821-9892*			Depth Casing Shoe 10202'
*	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING A TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2" 11"	13-3/8" 8-5/8"	450'	450
7-7/8"	5-1/2"	4242' 10202'	1270
7-778	2-7/8"	9728'	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a		l and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test 10-29-84	Producing Method (Flow, pump, gas Pumping	lift, etc.)
Length of Test 24 hrs	Tubing Presews	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Open Gas-MCF
401	176	225	50
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Prescwe (Shut-in)	Cosing Pressure (Ehut-in)	Choke Size
DERTIFICATE OF COMPLIANCE		OIL CONSERVA	TIPN PIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY. BURKET SAFE COMMENT	
		TITLE	
Juante Los alett		This form is to be fited in compliance with MULL 1971. If this is a request for allowable for a newly drilled or despense	
(Signature)) Production Supervisor		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Tole) 10-31-84		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.	
(Date)		Well name or number, or transporter, or other such change of condition	

Separate Forms C-104 must be filled for each pool in multiply completed wells.

