

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87500

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Form C-104
Revised 10-1-78

APR 25 1983

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OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Chama Petroleum Company ✓

Address P.O. Box 31405, Dallas, Texas 75231

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

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Huber Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Cemetery Morrow</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>NM-14758</u>
Location				
Unit Letter <u>G</u>	<u>1650</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>3</u>	Township <u>20 South</u>	Range <u>25 East</u>	NMPM, <u>Eddy</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Refining Company</u>	<u>P.O. Box 980, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>3</u> Twp. <u>20S</u> Rge. <u>25E</u>	<u>Yes</u> <u>4-9-83</u>

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Re-Work	Life	Re-Work	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
Date Spudded <u>10-3-82</u>	Date Compl. Ready to Prod. <u>12-16-82</u>	Total Depth <u>9666</u>	P.B.T.D. <u>9652</u>							
Perforations <u>9398-9541</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>9398</u>	Casing Depth <u>9383</u>							
				Depth Casing Shoe <u>9666</u>						

FUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8" 48#</u>	<u>342</u>	<u>375</u>
<u>11</u>	<u>8 5/8" 24#</u>	<u>3175</u>	<u>1035</u>
<u>7 7/8</u>	<u>4 1/2" 11.6#</u>	<u>9666</u>	<u>175</u>

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D <u>550</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MCF <u>-0-</u>	Gravity of Condensate <u>N.A.</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>150</u>	Casing Pressure (shut-in) <u>Packer</u>	Choke Size <u>24/64</u>

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.

Charles E. Nearburg
(Signature) Charles E. Nearburg
President
April 22, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 deviated 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 well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multicompleted wells.