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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

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 DISTRICT I
 DISTRICT II
 DISTRICT III

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

NOV 29 1993

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

| | |
|--|---|
| Operator CHI OPERATING, Inc | Well API No. 30-015-21920 |
| Address P.O. Box 1799, Midland, TX 79702 | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator _____ | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------|-------------------------|--|--|----------------------------|
| Lease Name LONE TREE | Well No. 1 | Pool Name, Including Formation UNDESTMATH Some Spans | Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee | Lease No. NA-839 |
| Location | | | | |
| Unit Letter K | 1980 | Feet From The South Line and 1980 | Feet From The West Line | |
| Section 13 | Township 21-S | Range 27-E | County ERAPY | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| NAVASO | P.O. DRAWER 159 ARTESIA, NM 88211-959 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| GRM | 4044 PENNSYLVANIA, Odessa, TX 79762 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When? |
| | K 13 21-S 27-E NO 10 DAYS |

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 Res'v | Diff Res'v |
| | | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Date Spudded 10/12/93 | Date Compl. Ready to Prod. 11/19/93 | | Total Depth 7937 | | | P.B.T.D. 7937 | | |
| Elevations (DF, RKB, RT, GR, etc.) 8163 GR | Name of Producing Formation Some Spans | | Top Oil/Gas Pay 7558' | | | Tubing Depth 7421 | | |
| Perforations 7558 to 7700 | | | | | | 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.)

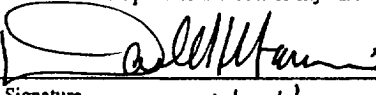
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - 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. OPERATOR 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
DAVID H HARRISON President
 Printed Name
11/22/93 Date
915 685-8201 Telephone No.
 Title

OIL CONSERVATION DIVISION

Date Approved **NOV 29 1993**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
 Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.