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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

FEB 1 5 1991

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

O. C. D.

Continue	Line County nt)
CHI OPERATING, INC. didrest P. O. BOX 1799, MIDLAND, TX 79702 CERSON(1) for Filing (Check proper box) few Well Change in Transporter of: Completion Casinghead Gas Condennate Oxy STATE OXY STATE OXY STATE OXY STATE 1 Control Lease Name OXY STATE OXY STATE 1 Control Condennate Condennate Address (Give address to which approved copy of this form is to be see Condennate Co	Olo Line County
Responds of Filing (Check proper box)	Olo Line County
Cason() for Filing (Chack proper box)	Olo Line County
Recompletion	Olo Line County
Tange in Operator Casinghead Gas Condensate	Olo Line County
Change of operator give name and address of previous operator I. DESCRIPTION OF WELL AND LEASE Lease Name OXY STATE 1 E. CATCLAW DRAW (DELANARE) Unit Letter K : 1890 Feet From The NEST Line and 1980 Feet From The SOUTH Section 9 Township 21S Range 26E NMPM, EDDY II. 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 set of tanks. If well produces oil or liquids, by the constraints of tanks. If well produces oil or liquids, by the constraints of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) X Gas Well New Well Workover Deepen Plug Back Same Resv X Date Spudded 6/23/90 Elevations (DF, RRB, RT, GR, etc.) Name of Producing Formation 3226 GR DELAWARE TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENTING SIZE 1/4" 8 5/8 2228' 9900 sks 7 7/8" 5 1/2 4160' 750 sks V. TEST DATA AND REOUEST FOR ALLOWABLE	Olo Line County
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Lease Name Well No. Pool Name, Including Formation State, Federal or Fee L-7	Olo Line County
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OXY STATE E. CATCLAW DRAW (DFLANARE)	Line County nt)
Unit Letter K : 1890 Feet From The WEST Line and 1980 Feet From The SOUTH Section 9 Township 21S Range 26E , NMPM, EDDY II. 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 see Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be see If well produces oil or liquids, pive location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When? When? When? Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v X X Date Spudded 6/23/90 Elevations (DF, RKB, RT, GR, etc.) Date Compl. Ready to Prod. Total Depth DELAWARE DELAWARE DELAWARE DEPTH SET SACKS CEM 17 1/2" 13 3/8 350' 360 sks 12 1/4" 8 5/8 2228' 900 sks 7 7/8" 5 1/2 4160' 750 sks 2250' V. TEST DATA AND REQUEST FOR ALLOWABLE	County nt)
Section 9 Township 21 S Range 26 E , NMPM, EDDY	nt)
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	nt)
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be set of Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be set of Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be set of Name of India, and the set of Name of Production of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be see If well produces oil or liquids, give location of tanks. 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)	
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Designate Type of Completion - (X)	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	Diff Res'v
CASING & TUBING SIZE DEPTH SET SACKS CEM SACKS	
Name of Producing Formation Top Oil/Gas Pay Tubing Depth 2250	
3226 GR DELAWARE 2250	
TUBING, CASING AND CEMENTING RECORD	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE I CASING & TUBING SIZE DEPTH SET SACKS CEM 17 1/2" 13 3/8 350' 360 sks 12 1/4" 8 5/8 2228' 900 sks 7 7/8" 5 1/2 4160' 750 sks 2 3/8 2250' NA	
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V. TEST DATA AND REQUEST FOR ALLOWABLE	
V. TEST DATA AND REQUEST FOR ALLOWABLE OUT WELL. (Lest 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 hor	
Test must be after recovery of lotal volume of load ou and must be equal to or exceed top anomable for this depth of our	ers.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	
01/01/91 01/15/91 PIMP	
Length of Test Tubing Pressure Casing Pressure Choke Size	
NA NA NA	
Actual Prod. During 1est Oil - Bols.	CF
	.UT
GAS WELL Actual Part Test MCE/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
Testing Method (pitot, 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	\P. I
Division have been complied with and that the information given above	NC
is true and complete to the best of my knowledge and belief. Date Approved	
The state of the s	
Signature By	
DAVID H. HARRISON PRESIDENT	
Printed Name Title Title	
Date Telephone No.	

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.