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Appropriate District Office
DISTRICT J
P.O. Hox 1980, Hobbs, NM 88240 **☎**5°° 748 9720

OCD DIST II

Energy, Minerals and Natural Resources Dc,

Ø 001 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

RELEIVED

OIL CONSERVATION DIVISION P.O. Box 2088 DISTRICT II

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 DISTRICT III	P.O. Bo		Fox 2088 Sexico 87504-2088	00ī • 4 B	93 0197	
1000 Rio Brazos Rd., Azioc, NM 87410 1.			BLE AND AUTHORIZA L AND NATURAL GAS		·· '9(
Operator				Well API No.		
CHI OPERATING, IN	IC /			30-015-2638		
P.O. BOX 1799, MI	IDLAND, TX 79	9702				
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well	_ 1437	n Transporter of:				
Recompletion	Oil Casinghead Gas	Condensate				
if change of operator give name						
and address of previous operator	ANDIEACE	= 1+	10.01			
II. DESCRIPTION OF WELL LEGGE Name	Well No.	Pool Name, Includ	ing Formation	Kind of Lease	Lease No.	
OXY-STATE	1		E WILDCAT	State, Federal or Fee	L-7010	
Location Unit LetterK	: 1890	Peet From The W	EST Linc and 1980	Feet From The	SOUTHLine	
Section 9 Townshi	ip 21S	Range 26E	, NMPM, EDDY		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS			
Name of Authorized Transporter of Oil x or Condensate			Address (Give address to which approved copy of this form is to be sent)			
NAVAJO REFINING			501 E. MAIN ARTESIA, NM 88210 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry C			Address (Give address to which approved copy of this form is to be sain)			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When ?		
give location of tanks.	<u> </u>				j	
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	boor sine comming	ing order mimber:			
	Oil Well	Cas Well	New Well Workover D	Ocepan Plug Back San	ne Ros'v Diff Res'v	
Designate Type of Completion Date Spanded	- (X) Data Compl. Ready to	Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation		Top Oil/Gas Pay Tubing Depth				
Perforations	<u> </u>		<u> </u>	Depth Casing Si	ioe	
	TUBING.	CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SAC	SACKS CEMENT Pot IQ - 3 10 - 11 - 23	
				- Port		
******				ch	UTIEEC	
V. TEST DATA AND REQUES	ST FOR ALLOWA	ABLE	be equal to or exceed top allowable	te for this depth or he for t	iuli 24 hours.)	
OIL WELL (Test must be after r Date First New Oil Rup To Tank	Date of Test	of load ou and must	Producing Method (Flow, pump,	gas lift, etc.)		
	,	·		Choke Size		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	Choice Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbia.	Gas- MCF	Gas- MCF	
GAS WELL			.1	1		
Actual Prod. Test - MCIVD	Length of Test		Bbls. Condensate/MMCF	Gravity of Cond	Gravity of Condensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-19)	Choke Size		
VI. OPERATOR CERTIFIC			OII CONSI	ERVATION DI	VISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION Date Approved 0CT 7 1993			
						1.4.
alum			By ORIGINAL SIGNED BY			
Signature DAVID H. HARRISON PRESIDENT			SUPERVISOR, DISTRICT II			
Printed Name 10-01-93	(915)	Tide 685-5001	Title		-	
Date		phone 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.