

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	

I.

Operator Chaparral Oil & Gas Co.	
Address P. O. Box 8, Aztec, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaparral	Well No. 1	Pool Name, Including Formation Fulcher-Kutz P.C.	Kind of Lease State, Federal or Fee Federal	Lease No. 47019-A
Location Unit Letter E ; 1620' Feet From The N Line and 790 Feet From The W				
Line of Section 34 Township 29N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
Southern Union Gathering System	Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit S. Sec. Twp. Rge. Is gas actually connected? When
	no 445

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

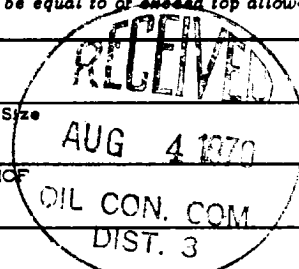
IV. COMPLETION DATA

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 2/9/70	Date Compl. Ready to Prod. 3/5/70	Total Depth 1787'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5604' DF	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1712'	Tubing Depth 1710.21'					
Perforations 1712 - 1719' 1722' - 1731'	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 1787'					
HOLE SIZE 12 1/4" 6 3/4"	CASING & TUBING SIZE 7 5/8" 4 1/2"	DEPTH SET 110' 1787'	SACKS CEMENT 80 sxs 215 sxs					

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 Tanks	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 2387	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) 206	Casing Pressure (shut-in) 206	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
President
(Title)
8/1/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 4 1970**, 19
BY **Original Signed by A. R. Kondick**
TITLE **PETROLEUM ENGINEER DIST. NO. 3**

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 deviation tests taken on the well in accordance with RULE 111.
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, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

