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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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator CHI OPERATING, INC	Well API No. 30-025-31583
Address P. O. BOX 1799, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____ CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-23-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BISON STATE	Well No. 1	Pool Name, including Formation BUFFALO QUEEN	Kind of Lease State Federal or Fee	Lease No. VB-97
Location Unit Letter L : 2310 Feet From The SOUTH Line and 990 Feet From The WEST Line Section 32 Township 18S Range 32E 77 , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> ENRON OIL TRADING & TRANSPORTATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 10607, MIDLAND, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? L 32 18 32 NO 30 to 60 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 04-29-92	Date Compl. Ready to Prod. 05-23-92	Total Depth 4560	P.B.T.D. 4480					
Elevations (DF, RKB, RT, GR, etc.) 3731 GR	Name of Producing Formation QUEEN	Top Oil/Gas Pay 4448	Tubing Depth 4400					
Perforations 4448 to 4456						Depth Casing Shoe 4555		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4	8 5/8"		335'			235 sk CLASS C		
7 7/8	5 1/2"		4560'			1580 sk CLASS C		

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 05/23/92	Date of Test 06/10/92	Producing Method (Flow, pump, gas lift, etc.) PIUMP 1 1/2" x 16'	
Length of Test 24	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 71	Water - Bbls. 72	Gas- MCF 36

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
Printed Name **DAVID H. HARRISON** Title **PRESIDENT**
Date 06/18/92 Telephone No. 915-685-5001

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.

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OIL CONSERVATION DIVISION

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P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator <u>Citi Operations, Inc</u>	Well API No. <u>30-025-31583</u>
Address <u>P.O. Box 1799, Midland, TX</u>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) <u>TO MOVE 1,500 bbls OIL NEED MORE STORAGE. WILL FILE POTEN. IN 5 TO 10 DAYS.</u>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 <u>Bison State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Buffark Queen</u>	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee	Lease No. <u>VB-97</u>
Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>33-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>ENRON OIL TRADING & TRANSPORTATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 10607, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? <u>L 32 18S 33E NO</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>4/29/92</u>	Date Compl. Ready to Prod. <u>05/20/92</u>	Total Depth <u>4560</u>	P.B.T.D. <u>4480'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3731 GR</u>	Name of Producing Formation <u>QUEEN</u>	Top Oil/Gas Pay <u>4440</u>	Tubing Depth <u>4520</u>					
Performations <u>4448 to 4456 ZSOF 17 holes</u>							Depth Casing Shoe <u>4520</u>	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4</u>	<u>8 5/8</u>	<u>335</u>	<u>235 SACS CEMENT</u>					
<u>7 7/8</u>	<u>5 1/2</u>	<u>4,560</u>	<u>1,580 SACS CEMENT</u>					

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
Printed Name DAVID H HARRISON Title President
Date 6/5/92 Telephone No. 915 685-5001

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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

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SCN MORRIS OFFICE