

OIL CONSERVATION DIVISION

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

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

I.

Operator CHALLENGE OPERATING, INC.	Well API No. 30-025-25161
Address 427 S. BOSTON, SUITE 1702, TULSA, OK 74103-4107	
Reason(s) for Filing (Check proper box) <input 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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator DWIGHT A. TIPTON, c/o OIL REPORTS & GAS SERVICES, INC. PO BOX 755, HOBBS, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 11	Well No. 1	Pool Name, including Formation <i>SWD; Wolfcamp</i> N. Mescalero, Cisco	Kind of Lease State, Federal or Fee	Lease No. E-9713
Location Unit Letter <u>L</u> : 1980 Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>10S</u> Range <u>32E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SWD	Address (Give address to which approved)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.

If this production is commingled with that from any other lease or pool, give

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	
Perforations		
HOLE SIZE	TUBING, CASING & TUBING SIZE	

Handwritten notes and stamps:
OIL FIELD NO. 4666
PROPERTY NO. 23287
WELL CODE 96136
DATE 5/12/98
API NO. 30-025-25161
OFF 6-1-97
G-TRNSP. OGRID NO. 2809028
G-TRNSP. OGRID NO.

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: Gary A. Green
Signature GARY A. GREEN ENGINEER
Printed Name GARY A. GREEN Title
Date 3/19/97 Telephone No. (918) 592-7600

OIL CONSERVATION DIVISION

Date Approved MAY 13 1998
By ORIGINAL SIGNED BY
GARY WINK
Title FIELD REP. 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.