

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Chama Petroleum Company

Address P.O. Box 31405 Dallas, Texas 75231

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "L" Well No. 1 Pool Name, including Formation Under Lea Penn Gas (Morrow) Kind of Lease Federal Lease No. NM-56265

Location Unit Letter F : 1650 Feet From The North Line and 1980 Feet From The West

Line of Section 25 Township 20S Range 34E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<u>P.O. Drawer 159, Artesia, New Mexico 88210</u>
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)
<u>Phillips Petroleum Company</u>	<u>Home Savings & Loan Bldg. 410-1B Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>25</u> Sec. <u>20S</u> Twp. <u>34E</u>	<u>NO</u> <u>Approx. 5/24/85</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Shelley R. [Signature]
(Signature)
Regulatory & Production
(Title)
June 6, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 24 1985, 19
ORIGINAL SIGNED BY EDDIE SEAY
BY _____
TITLE OIL & GAS INSPECTOR

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.

RE-ENTRY

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12/21/84	Date Compl. Ready to Prod. 2/16/85		Total Depth 13,475'				P.B.T.D. 13,440'		
Elevations (DF, RKB, RT, GR, etc.) 3724' DF	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,336'				Tubing Depth 13,113'		
Perforations 13,336' - 13,338'							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-1/2"	7"	7604'	250sxs. Class "H"
	2-3/8"	13,113' KB	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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. 6.5	Water-Bbls. -0-	Gas-MCF 165

GAS WELL

Actual Prod. Test-MCF/D 165	Length of Test 4 hrs.	Bbls. Condensate/MMCF 40	Gravity of Condensate 47.0
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (psia) 1520	Casing Pressure (psia) TSTM	Choke Size 10/64"

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JUN -7 1985

O.C.C.
HOBBS OFFICE