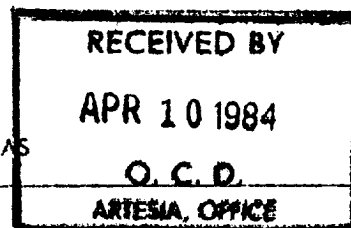


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



NO. OF COPIES RETURNED	
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SALES	☒
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FIELD OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	

Chama Petroleum Company

Address
P.O. Box 31405, Dallas, Texas 75231

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

RE-ENTRY OF OLD WELL

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Parino	1	Under. Boyd Morrow	State, Federal or Fee	Fee
Location				
Unit Letter	1	1980	Feet From The	South
			Line and	660
			Feet From The	East
Line of Section	23	Township	19 South	Range
			25 East	NMPM,
			Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Southern Union Refining Co.	☒	P.O. Box 980, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	☒	P.O. Box 2521, Houston, Texas 77252
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	1	23
		19S
		25E
Is gas actually connected?	When	Approx.
No	5-3-84	April 20, 1984

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr. Diff. Res.
		X	Re-Entry				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
10/3/83	3/29/84	9460	9375				
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3417.2 GL/3431.6 KB	Morrow	9329	9241				
Perforations			Depth Casing shoe				
9329 - 9378			9375				

TUBING, CASING, AND CEMENTING RECORD

POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	417	700
12 1/4	9 5/8	2501	1500
8 3/4	4 1/2	9375	1375
	2 7/8	2211	

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.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
878	24 hrs.	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	3025	-0-	8.5/64

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.



President

April 3, 1984

(Date)

OIL CONSERVATION DIVISION

MAY 14 1984

APPROVED _____, 19

BY Leslie A. Clements
Supervisor District #

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multiple completed wells.