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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

SEP 19 90

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CHI OPERATING, INC	Well API No. 30-015-2638
Address P. O. BOX 1799, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 OXY-STATE	Well No. 1	Pool Name, Including Formation DELAWARE WILDCAT	Kind of Lease State, Federal or Fee	Lease No. L-7010
Location Unit Letter <u>K</u> : <u>1890</u> Feet From The <u>WEST</u> Line and <u>1980</u> Feet From The <u>SOUTH</u> Line Section <u>9</u> Township <u>21 S</u> Range <u>26 E</u> , NMPM, EDDY 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"/> PERMIAN	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77251-1183	
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 K	Sec. 9
	Twp. 21S	Rge. 26E
	Is gas actually connected? NO	When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 06/23/90	Date Compl. Ready to Prod. 07/04/90		Total Depth 4,162'		P.B.T.D. 4,100'			
Elevations (DF, RKB, RT, GR, etc.) 3226' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 3,071'		Tubing Depth 3000			
Perforations 3,074' to 98'					Depth Casing Shoe 4,160'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		350'		360 sks Post ID-2			
12 1/4"	8 5/8"		2,228'		900 sks 9-28-90			
7 7/8"	5 1/2"		4,160'		750 sks comp & BK			
	2 3/8"		3000		NA			

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 07/23/90	Date of Test 08/01/90	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 hr	Tubing Pressure 85#	Casing Pressure NA	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 50	Gas - MCF 72

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
DAVID H. HARRISON PRESIDENT
Printed Name Title
Date 09/18/90 Telephone No. 915-685-5001

OIL CONSERVATION DIVISION

Date Approved SEP 25 1990

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT 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.