Submit 5 Copies
Appropriate District Office
DLTRICT 1
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Biazos Rd., Aziec, NM 87410

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRAI	NSP	ORT OIL	AND NA	TURAL C					
Robert D. Chenault								Well API No. 30-045-07816			
Address				 				_	0101		
702 N. Third (1 Reason(s) for Filing (Check proper box)	Box 282) , E	3100	omfiel		Mexico		3			
New Well	C	Thange in T	_	7.7		ici (i iewe esp	nauty				
Recompletion [_] Change in Operator XX	Oil Casinghead		Dry G Conde								
change of operator give name					00.16	- D E			N 074	0.1	
nd address of previous operator Robi			<u>lm</u> a	an 31	U9 Mesa	a Dr. F	arming	ton, N.	M. 874	01	
I. DESCRIPTION OF WELL Lease Name			Pool N	lame Includi	ng Formation		Vind.	of Lease		No	
Viles								of Lease No. Trederal or Fee 047019-B			
Location	1650				. 3	000		/	77		_
Unit Letter	_:_1650	1	Feet F	rom The $\frac{S}{S}$	outh Lin	e and990	F	eet From The.	East	Line	;
Section 30 Townshi	p 29 N		Range	11-W	,N	мрм,	- San J	uan		County	
II. DESIGNATION OF TRAN	SPORTER	OF OU	I. AN	ID NATU	RAL GAS					•	
Name of Authorized Transporter of Oil		r Condens				re address to w	hich approve	d copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing	chead Clas		or Dry	Gas (575)	Address (Gir	o addras to	11.4	4. 601.6			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Co					Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, Texas 79978						
f well produces oil or liquids, ive location of tanks.	Unit S	1Wp. Rge.		is gas actually connected?			When 7			_	
this production is conuningled with that	from any other	lease or po	ool, gi	ve comminel	ing order num		I	1953			
V. COMPLETION DATA											~
Designate Type of Completion		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
)ate Spridded	Date Compl. Ready to Prod.			Total Depth	J		P.B.T.D.	L	J		
7-20-53	8-6-53				1506'				1500		
vations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Oil/Gas	-	. • *		Tubing Depth		
5392 GR Pictured Cliff					145	<u> </u>			1448 1 Depth Casing Shoe		
<u> OPen Hole - 1456 t</u>		·						1 -	56'		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTI	NG RECOI DEPTH SET		·	SACKS CEMENT		
OXOMO & TOBING OIZE				DET THISE!				SACING CEMENT			
	ļ										_
						• • • • • • • • • • • • • • • • • • • •					
. TEST DATA AND REQUES				•	l						
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Test	l volume oj	f load	oil and must	be equal to of	exceed top al	lowable for th	is depth or be	for full 24 hou	rs.)	
	DAIC OF 168					Producing Method (Flow, pump, gas lyl, ste.)					
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF	<u>र ()</u>			
· ·										15.0	
GAS WELL						- · · · · · · · · · · · · · · · · · · ·		11	157.		
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Conder	sate/MMCF		Gravity of C			
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-u	ñ)		Casing Press	ire (Shut in)		Choke Size			_
I. OPERATOR CERTIFIC	ATE OF C	COMPL	IAN	ICE			JCEDV	ATIONI		\	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved APR 28 1992						
Kolet D. (he met						\mathcal{C}°	·	2 ,			
Signature					By me Bunch						
Robert D. Chenault OPerator Inle						אַניופפת מ	H R GAS H	NSPE ctor , D	NST #3		
2-10-92 Date		-2180			1110	טנוטון ט	WE O OWN II	TO LETON, U	·····		
		i elepi	hone N	10. 	11						

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) Uill 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.