Submit 5 Copies'
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	<u>T</u>	O TRAI	NSP	OHI OIL	AND NA	UNAL GA	i Well Al	I No.			
Operator Characting Inc						30-045-0786500					
Sirgo Operating,	THE.							. —			
P.O. Box 3531	Mid	land,	Texa	s 7970	-	915/685-					
eason(s) for Filing (Check proper box)	- 	~ '- '	T	neter of:	U Otner	(Please explai	···)				
ew Well	Oil	Change in	Dry G	1 1]	EFFECTIV	E OCTOB	ER 1, 19	90	
completion \square	Casinghead	_	Conde								
ange in Operator ————————————————————————————————————			otro	leum Co	rn.	P.O. Box	1936	Farmi	ington, l	New Mexic	
address of previous operator			etic	Teum co	<u> </u>					88	
DESCRIPTION OF WELL	AND LEA	SE		7 - 14:	- Formation		Kind o	Lease	Lea	se No.	
well No. Pool Name, including								State, Federal or Fee		14-20-603-2	
NW Cha Cha Unit 25	>1					1 .			1 (
ocation E	.205	70	Feet F	mon The	orth Line	and 68	<u>Ó</u> F∞	t From The _	West	Line	
Unit Letter	_ :									County	
Section 25 Townshi	p 29N		Range	14W_	, NN	IPM, Sa	in Juan				
	ODADTE	D OF O	IT AP	JD NATI	RAT. GAS						
. DESIGNATION OF TRAN		or Conden	sate		Address (Give	address to wh					
iant Refining Co.					P.O. Box 256 Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas 🗀	Address (Give	e address to wh	iich approved	copy of this Jo	orm is to be set	u)	
	1 ** **	6.0	Twp.	Roe	Is gas actually	connected?	When	?			
well produces oil or liquids, re location of tanks.	1000			14W	No						
this production is commingled with that		er lease or				per:					
/. COMPLETION DATA								L Di D. ale	Same Res'v	Diff Res'v	
	~~	Oil Well	ı	Gas Well	New Well	Workover	Deepen	Ping Back		Jan Rose V	
Designate Type of Completion	- (A)	pl. Ready to	o Prod		Total Depth	<u>l</u> _	<u> </u>	P.B.T.D.			
ate Spudded	Date Com	pr. Ready o	01.00	'	,						
levations (DF, RKB, RT, GR, etc.)	various (DF. RKB. RT. GR. etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
JEVALIOIS (DF, RRB, R1, OK, Sec.)									Depth Casing Shoe		
erforations								Dopa. Cam			
		TIRING	CAS	SING AND	CEMENTI	NG RECOF	ND				
UO E 0175	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE	 	1010						<u> </u>			
					<u> </u>						
					 			-			
	TOT FOR	ALLOW	ARI	F							
7. TEST DATA AND REQUED IL WELL (Test must be after	ST FOR	ALLUW	e of loc	ad oil and mus	it be equal to o	r exceed top al	lowable for th	is depth or b	full 24 hou	ars.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		- 0, 10		Producing M	letho	uringa ift	IN E			
Date Ling Isea On You 10 1977						Choke Size					
ength of Test	Tubing Pressure				Casing Pressure NOV 5			1990			
					Water - Bbi	<u> </u>	IL COL	Gas-MC			
Actual Prod. During Test	Oil - Bbl	S.					II COI	1 DIA	•		
					_1		DIST	. 3	-		
GAS WELL	Length o	of Teet			Bbls. Cond	nsate/MMCF			Condensate		
Actual Prod. Test - MCF/D	Lengun o	M I COL					·			<u> </u>	
esting Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Pres	sure (Shut-in)		Choke Siz	æ		
seenth tatemen (hans) over h. A.											
VI. OPERATOR CERTIFI	CATE C	F COM	PLI	ANCE		OIL CO	NSER\	/ATION	DIVISI	ON	
I hamby cortify that the rules and res	gulations of the	he Oil Com	servali(On n			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOV			
Division have been complied with a	nd that the in	Toursmon F	Stach w	bove		. A	rod	NUV	5 1990	ľ	
is true and complete to the best of n	iy knowledge	and Delice.	•		Da	te Approv	eu		. 1		
Outin Hal	Low				_		3		R DISTRI		
Signature	yelf.				∥ By		SU	PERVISO	P DICTO		
Julie Godfrey	Frod	uction	Tec	hnician			- J		11 012 1 KI	UI #3	
Printed Name	^	15/685			Titl	e					
Nov. 1, 1990	9	12/082 1	-uo-	one No.							

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.