

RECEIVED

OCT 25 1979

O. C. C.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
AREA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
CHAMA PETROLEUM COMPANY

Address
5015 Tracy Street, Dallas, Texas 75205

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	CHANGE IN OWNERSHIP AND OPERATOR EFFECTIVE JULY 1, 1979	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner **Petro Grande, Incorporated, 4219 Sigma Road, Dallas, Texas 75234**

DESCRIPTION OF WELL AND LEASE

Lease Name Skinner-Federal	Well No. 1	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal NM-014232	Lease No.
Location				
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East
Line of Section 8	Township 8 South	Range 30 East	NMPM, Chaves	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Oil Company	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 5 8 30 Yes August 1, 1968

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	Same Ready	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.F.D.					
Elevations (OF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 all. 25% for this depth or 25% for full 24 hours)

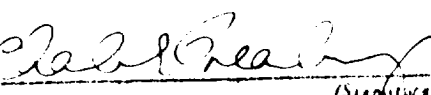
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


Charles E. Nearburg
(Signature)
President
(Title)
October 12, 1979
(Date)

OIL CONSERVATION DIVISION

OCT 29 1979

APPROVED _____, 19__

BY **Orig. Signed by**
Jerry Sexton
TITLE **Dist. 1, Supv.**

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 deviated 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 conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
OCT 20 1950
Q.C.D. HOBBS. OFFICE