

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
Chama Petroleum CompanyAddress
P.O. Box 31405, Dallas, Texas 75231

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

EFFECTIVE SEPTEMBER 1, 1984

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil Federal	Well No. 1	Pool Name, including Formation North Quail Ridge Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-4312
Location Unit Letter <u>1</u> : <u>2180</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>19 South</u> Range <u>33 East</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company **	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
If well produces oil or fluids, give location of tanks. Unit <u>1</u> Sec. <u>1</u> Twp. <u>19S</u> Rge. <u>33E</u>	Is gas actually connected? Yes When <u>9-26-80</u>

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 ☐ Scale ☐ Acid ☐ Other ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	PERF. LOG
Locations (DE, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth
Perforations			Depth Testing Shoe

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 cap ability for this depth or 5% 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.

** Flash Gas Sold to Conoco, Inc., P.O. Box
2197, Houston, Texas 77001

(Signature)

Charles E. Nearburg, President

(Title)

August 28, 1984

(Date)

OIL CONSERVATION DIVISION

SEP 6 1984

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the daily tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.