Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Prergy, Minerals and Natural Resources Den atment

Form C-104

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION clst DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 G.TSanta Fe, New Mexico 87504-2088 RECEIVED DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 17410 REQUEST FOR ALLOWABLE AND AUTHORIZATION DEC 0 8 1993 TO TRANSPORT OIL AND NATURAL GAS Wall API 18 0 30-005-60142 GEORGE A. CHASE Address 2010 W. Briscoe Artesia, NM 88210-3001 Other (Please explain) Reason(s) for Filing (Check proper box) XELETVED Change in Transporter of: New Well Dry Gas Oil DEC 1 0 1993 Recompletion Casinghead Gas 😡 Condensale 🔲 Change in Operator If change of operator give name and address of previous operator 1 D II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation Lease Name State, Federal or Fee K6627 DOUBLE L QUEEN ASSOC State Location Peet From The North Line and 660 Fort From The East : 660 Unit Letter . Chaves County NMPM Range Township 158 20E Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sens) or Dry Cas Name of Authorized Transporter of Casinghead Gas 2000 Houston Tx. is gas actually counseded? AMERICAN PROCESSING When 7 Unit Twp. If well produces oil or liquids, Yes 1975 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v New Well Workover Gas Well Oil Well Designate Type of Completion - (X) P.R.T.D. Total Depth Data Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE In-31-9 : mg GI V. TEST DATA AND REQUEST FOR ALLOWABLE st be equal to or exceed top allowable for this depth or be for full 24 hours.) (Test must be after recovery of total volume of load oil and m OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure **Tubing Pressure** Length of Test Case MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Ris Condensate/MMC Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitat, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Deorge A Chase	
Signature OF A. CHASE	operator
Printed Name	Title
12/03/93	505/746-4616
Date	Telephone No.

OIL CONSERVATION DIVISION

DEC 2 2 1993 Date Approved . ORIGINAL SIGNED BY

MIKE WILLIAMS SUPERVICOR, DISTRICT I Title_

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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.

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