

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED
Form C-104
Revised 10-1-78

MAY - 3 1982

CONFIDENTIAL
OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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I. OPERATOR
Operator Chama Petroleum Company /
Address 214-739-1778
5447 Glen Lakes Drive, Dallas, Texas 75231
Reason(s) for filing (Check proper box)
New Well ☒ ** Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) IMMEDIATE ACTION DUE TO LACK OF STORAGE AT TANK BATTERY FACILITY.
If change of ownership give name and address of previous owner ** Reentry of J.M. Huber Corp. #1 Irami Federal Com. (Dry Hole, 1974)

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Irami Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat - Yeso</u>	Kind of Lease State, Federal or Fee Federal	Lease No. <u>NM-1529</u>
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>19 South</u> Range <u>25 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Southern Union Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 980, Hobbs, New Mexico 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Undetermined</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>34</u>
	Twp. <u>19S</u>	Rge. <u>25E</u>
	Is gas actually connected? <u>No</u> When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<u>X</u> Oil Well	<u>Maybe</u> Gas Well	<u>Old well reentry for Wilcat completion</u>
Date Spudded <u>4-13-82</u>	Date Compl. Ready to Prod. <u>4-24-82</u>	Total Depth <u>CD 2995</u>	P.B.T.D. <u>2929</u>
Elevations (DF, RAB, RT, GR, etc.) <u>3527' GL</u>	Name of Producing Formation <u>Yeso</u>	Top Oil/Gas Pay <u>2390 2408</u>	Tubing Depth <u>2399</u>
Perforations <u>2408-2671</u>			Depth Casing Shoe <u>3022</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>485</u>	<u>Cement Circulated</u>
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>3022</u>	<u>Cement Circulated</u>
	<u>2 7/8"</u>	<u>2399</u>	

* Casing run & cemented when well was originally drilled

V. 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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>4-24-82</u>	Date of Test <u>4-28-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumped</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>-0-</u>	Choke Size <u>N.A.</u>
Actual Prod. During Test	Oil - Bbls. <u>76</u>	Water - Bbls. <u>105 load water</u>	Gas - MCF <u>123</u>

GAS WELL

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

I. 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.

President

April 28, 1982

(Signature) Charles E. Nearburg

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY - 5 1982BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT I

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 condition.

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