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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	☒
FILE	☒
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	
PRODUCTION OFFICE	
Operator	

Chama Petroleum Company

Address 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 ☒
Coastguard 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Irami Federal	1	Seven Rivers-Yeso	State, Federal or Fed Federal, NM-15291	
Location	Unit Letter	Feet From The	Line and	Feet From The
	N	660	South	1980
			West	
Line of Section	Township	Range	NMPM	County
34	19 South	25 East		Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P.O. Drawer 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Coastguard Gas ☐ or Dry Gas ☐	Address (give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Comp.	Age.	Is gas actually connected?	When
	N	34	19S	25E	No	

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 & Seal	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevation (DP, RWD, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Perforations			Depth Gravel Zone				

LOGGING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	AMOUNT CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of lead oil and must be sustained or exceed top all
cells for this depth or 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

Post ID-3
9-7-84
Chg. LT from
SUR

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, President

August 28, 1984

OIL CONSERVATION DIVISION

APPROVED SEP 6 1984

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 credit.
Separate Forms C-104 must be filed for each pool in multi-completed wells.