STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUN 22 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	✓
TRANSPORTER OIL	✓
TRANSPORTER GAS	
OPERATOR	✓
PRORATION 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 [X]
Dry Gas [ ]
Casinghead Gas [ ]
Condensate [ ]

Other (Please explain)
RE-ENTRY OF OLD WELL
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-9-84 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED ✓

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.
Morrison Com.	1	Wildcat ~~Bone Springs~~	State, Federal or Fee Fee	

Location
Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South

Line of Section 5 Township 19S Range 26E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Southern Union Refining Company	P.O. Box 980, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	5	19S	26E		

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 Resv.	Diff. Resv.
	X		Re-Entry					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-12-83	6-2-84	6980	6881
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3363.5 GL/3377 KB	Wolfcamp	6781	6735
Perforations			**Depth Casing Shoe**
6781-85			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	310	580
12 1/2	8 5/8	1314	625
7 7/8	4 1/2	6921	250
	2 3/8	6735	

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-2-84	6-2-84	Pumping	Post FD-2 7-13-84 Wellp. temp
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	N/A	-0-	N/A
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	10	2	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

(Signature)
Charles E. Nearburg, President
(Title)
June 18, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 0 9 1984, 19

BY Original Signed By Leslie A. Clements Supervisor District II

TITLE

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 deviation 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 multiply completed wells.