

OIL CONSERVATION DIV. ON
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-79

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O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☒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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Morrison Com	1	Wildcat - Wolfcamp	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	NMPH, Eddy County

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 Casinghead 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.	Twp.	Rgs.	Is gas naturally connected?	When
	L	5	19S	26E	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 Back	Stimulus	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F. 3. F. O.					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	casing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS OF CASE

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 24 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/MCF	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.

(Signature)

Charles E. Nearburg, President

(Date)

August 28, 1984

(Date)

OIL CONSERVATION DIVISION

SEP 6 1984

APPROVED _____, 12

BY _____

Original Signed By

Luis 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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables 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.