STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

SEP 04 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [XX]

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 (State, Federal or Fee)	Lease No.
B & B	1	Boyd Morrow	Fee	

Location: Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 22 Township 19 South Range 25 East, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [XX]: Navajo Refining Company
Address (Give address to which approved copy of this form is to be sent): P.O. Drawer 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]: Transwestern Pipeline Company
Address (Give address to which approved copy of this form is to be sent): P.O. Box 2521, Houston, Texas 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	22	19S	25E	Yes	5-3-84

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 Restv.	Diff. Rest'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
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. DT from CHP

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)
August 28, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 6 1984, 19____

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 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.

MINERALS DEPARTMENT

DISTRIBUTION		
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
APR 10 1984
O. C. D.
ARTESIA, OFFICE

Operator: Chama Petroleum Company ✓

Address: P.O. Box 31405, Dallas, Texas 75231

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain): RE-ENTRY OF OLD WELL

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.
B & B	1	Boyd Morrow	State, Federal or Fee Fee	

Location: Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 22 Township 19 South Range 25 East , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒: Southern Union Refining Co.

Address (Give address to which approved copy of this form is to be sent): P.O. Box 980, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒: Transwestern Pipeline Co.

Address (Give address to which approved copy of this form is to be sent): P.O. Box 2521, Houston, Texas 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	22	19S	25E	~~No~~ Yes	~~Approx. April 20, 1984~~ 5-5-84

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 Res'v.	Diff. Res'v.
		X	Re-Entry					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/28/83	1/9/84	9484	9371

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3456 GL/3468 KB	Morrow	9319	9161

Perforations	Depth Casing Shoe
9319 - 9328	9484

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	327	325 + 6 yds.
12 1/4	8 5/8	1200	750
7 7/8	4 1/2	9484	1025

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.)	
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/MMCF	Gravity of Condensate
325	24 hrs.	-0-	-0-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	2630	-0-	6/64

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)

President

(Title)

April 3, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 14 1984, 19__

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 deviation tests taken on the well in accordance with RULE 111.

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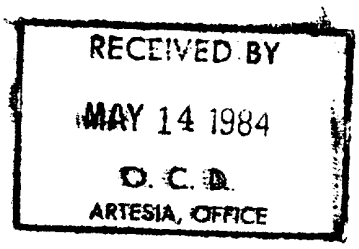
NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210



NOTICE OF GAS CONNECTION

DATE May 10, 1984

This is to notify the Oil Conservation Division that connection for the purchase of gas from the Chama Petroleum ✓ (Operator)

B & B (Lease)

#1 - Unit Letter ~~Unknown~~ J (Well Unit)

22-19S-25E, Eddy County (S.T.R.)

~~Undesignated~~ Boyd (Morrow) (Pool)

Transwestern (Name of Purchaser) was made on May 3, 1984

Transwestern Pipeline Company
Company

Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501