

OIL CONSERVATION DIV. ON

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

APR 10 1984

O. C. D.
ARTESIA, OFFICE

Chama Petroleum Company ✓

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

Resident(s) Leasing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

RE-ENTRY OF OLD WELL

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Crusader Rabbit	Well No. 1	Pool Name, including Formation Undes. Four Mile Draw	For Sale to State	Kind of Lease State, Federal or Fee	Lease No.
Location R-7555 6/19 84					
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West	
Line of Section 8	Township 19 South	Range 26 East	NMPM, 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)
Southern Union Refining Co.	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)
Gas Company of New Mexico	403 J. P. White Bldg., Roswell, N.M. 88201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes
Unit C	Sec. 8
Twp. 19S	Rge. 26E
Approx. April 20, 1984	

(If 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 ☐	Shut-in ☐
11/19/83	3/29/84	Re-Entry	Total Depth 8673	8566			
3378 GL/3390 KB	Strawn	Top Oil/Gas Pay 8257	8125				
8257 - 8533		Depth Casing shoe 8671					
TUBING, CASING, AND CEMENT LOG RECORD							
HOLES SIZE 17 1/2	CASING & TUBING SIZE 13 3/8	DEPTH FOOT 300	SAFETY JOINT FEET 390				
12 1/4	8 5/8	1300	705				
7 7/8	4 1/2	8671	790				
	2 3/8	8725					

TEST DATA AND REQUEST FOR ALLOWABLE (Text 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	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/24	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
464	24 hrs.	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2244	-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.



President

(Title)

April 3, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED 5/22, 1984
BY Randy Brooks
TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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

OIL CONSERVATION COMMISSION

P.O. DRAWER DD

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

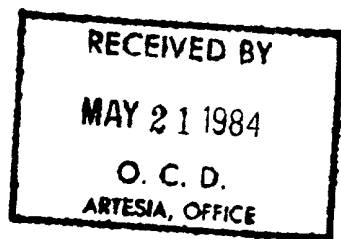
DATE May 18, 1984

This is to notify the Oil Conservation Commission that connection for the purchase of

gas from the Chama Petroleum Operator, Crusader Rabbit Lease

#1 Well Number, C Unit Letter, 8-19-26 S.T.R., Unders. Strawn Pool

Gas Company of New Mexico, was made on 5-18-84
Name of Purchaser Date



GAS COMPANY OF NEW MEXICO
PURCHASER

[Signature]
REPRESENTATIVE

DISPATCH MANAGER
TITLE

Oil Conservation Division, Box 1188, Santa Fe, New Mexico 87501 (2)

Mr. [Name] - Atty.

Mr. [Name] - Atty.

Mr. [Name] - Atty.

Mr. [Name] - Atty.

Mr. [Name] - Atty.