

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Chi Operating, Inc.		Well API No. 30015-22693
Address P. O. Box 1799, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/1/93 UNLESS AN EXCEPTION TO: RULE 806 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 23	Well No. 1	Pool Name, Including Formation Parkway Bone Springs	Kind of Lease State Federal or Fee	Lease No. L-1610
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 23 Township 19-S Range 29-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, TX 77120				
Name of Authorized Transporter of Casinghead Gas GPM	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4404 Penb7ock, Odessa, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 23	Tw. 19	Rge. 28	Is gas actually connected? NO	When? 15 to 30 days

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/02/92	Date Compl. Ready to Prod. 12/10/92	Total Depth 8270	P.B.T.D. 8230					
Elevations (DF, RKB, RT, GR, etc.) 3319.2 GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 7086'	Tubing Depth 6950					
Perforations 7086 to 7272	Depth Casing Shoe 8270							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 7 7/8"	CASING & TUBING SIZE 5 1/2" 15.50 & 17#		DEPTH SET 8270		SACKS CEMENT 635 Class C			
	2 3/8"		6950'		Part I.D.-2 1-22-93 Comp BS			

V. 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 be for full 24 hours.)

Date First New Oil Run To Tank 12/10/92	Date of Test 12/20/92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 75#	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 69	Gas - MCF 73

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

VI. OPERATOR 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  
DAVID H. HARRISON  
Printed Name  
01/05/93  
Date  
915 685-5001  
Telephone No.  
PRESIDENT  
Title

OIL CONSERVATION DIVISION

Date Approved  
By  
Title  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.