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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION NOV 6 1992
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Chi Operating, Inc. ✓ | Well API No. 30015-22814 |
| Address P.O. Box 1799, Midland, TX 79702 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator SOUTHLAND ROYATY COMPANY, 21 DESTA DRIVE, MIDLAND, TX 79701 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|---|---------------------|
| Lease Name State 23A | Well No. 1 | Pool Name, including Formation Turkey Track Morrow | Kind of Lease State, Federal or Fee State | Lease No. 6-3179 |
| Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> ENRON OILTRDING & TRANSPORTATION | Address (Give address to which approved copy of this form is to be sent) P. O. B\$X 1188, HOUSTON, TX 77251 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320 Hobbs, NM 88240 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 23 | Twp. 19 | Rge. 23 | Is gas actually connected? YES | When? 7-31-79 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | X | X | | | | | |
| Date Spudded 2-20-79 | Date Compl. Ready to Prod. 5-14-79 | | Total Depth 11,775 | | P.B.T.D. 11,520 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3133.3 GR | Name of Producing Formation Morrow | | Top Oil/Gas Pay 11,278 | | Tubing Depth 11,165 | | | |
| Perforations 11,278 - 11,465 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15 | 11 3/4 | | 316 | | 300 SKS | | | |
| 11 | 8 5/8 | | 3,000 | | 2,025 SKS | | | |
| 7 7/8 | 4 1/2 | | 11,775 | | 850 SKS | | | |
| | 2 3/8 | | 11,165 | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) Part ID-3 11-20-92 chg g/l | |
| 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 |
| 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 PRESIDENT
Printed Name
1/05/92 915 685-5001
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 16 1992

By ORIGINAL SIGNED BY
SUPERVISOR, DISTRICT I
Title

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.