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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

JAN 07 1993

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

O. C. D.
APPROVED

Operator CHI OPERATING, INC.		Well API No. 30015-22814
Address P. O. Box 1799, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/1/93 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 23 A	Well No. 1	Pool Name/Including Formation Parkway Bone Springs	Kind of Lease State, Federal or Fee	Lease No. G-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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Centennial Natural Gas Corp	Address (Give address to which approved copy of this form is to be sent) 1900 MidCont. Tower, Tulsa, OK 74103					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 23	Twp. 19	Rge. 29	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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 11/03/92	Date Compl. Ready to Prod. 12/22/92		Total Depth 8170		P.B.T.D. 8170			
Elevations (DF, RKB, RT, GR, etc.) 3133.3 GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7936		Tubing Depth 7875			
Perforations 7936 to 8022						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2 3/8"		7875		Part ID-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 12/22/92	Date of Test 12/28/92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 85#	Casing Pressure 0	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 73	Gas- MCF 110

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
01/05/93 915 685-5001
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 12 1993

Date Approved
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title 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.