

APR 1 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator <u>Chama Petroleum Company</u>	
Address <u>5447 Glen Lakes Dr., Dallas, Texas 75231</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Huber Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated Morrow</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-14758</u>
Location				
Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>20 South</u> Range <u>25 East</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Refining Company</u>	<u>P. O. Box 980, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>3</u> Twp. <u>20S</u> Rge. <u>25E</u>
Is gas actually connected?	When <u>7-21-82</u> <u>Approx. 5-15-82</u>

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 <u>12-13-81</u>	Date Compl. Ready to Prod. <u>2-26-82</u>	Total Depth <u>9800</u>	P.B.T.D. <u>9718</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3435 GL/3451 KB</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>9446</u>	Tubing Depth <u>9465</u>					
Perforations <u>9448-9464</u>	Depth Casing Shoe <u>9800</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 7/8"</u>	<u>13 3/8"</u>	<u>366</u>	<u>375</u>					
<u>11"</u>	<u>8 5/8"</u>	<u>1350</u>	<u>500</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>9800</u>	<u>1600</u>					
<u>5 1/2"</u>	<u>2 3/8"</u>	<u>9465</u>	<u>-</u>					

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 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 <u>2,100</u>	Length of Test <u>2 hours</u>	Bbls. Condensate/MMCF <u>-0-</u>	Gravimetric Condensate <u>N.A.</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>3057</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>10/64</u>

I. 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.



Charles E. Nearburg, President

March 26, 1982

(Date)

APPROVED _____, 19 _____

BY Lester J. ClementTITLE 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 deviatlo tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 conditior

Separate Forms C-104 must be filled for each pool in multipl completed wells.

OIL CONSERVATION DIVISION
P.O. DRAWER DD
ARTESIA, NM 88210

RECEIVED

AUG 10 1982

DATE July 28, 1982

NOTICE OF GAS CONNECTION

O. C. D.
ARTESIA, OFFICE

This is to notify the Oil Conservation Division that connection for the purchase of
gas from the _____ Chama Petroleum Company
OPERATOR

Huber Federal #1

Eddy

J 3-20S-25E

LEASE & WELL

COUNTY

UNIT S-T-R

Cemetery Morrow

El Paso Natural Gas Co.

NAME OF PURCHASER

POOL

was made on July 21, 1982
DATE

36366

01

SITE CODE & SITE WELL NUMBER

El Paso Natural Gas Co.
PURCHASER

Frank R. Elliott
REPRESENTATIVE

Assistant Chief Division Dispatcher
TITLE

TRE:bl

cc: Operator
Oil Conservation Division - Santa Fe, NM
M. E. McEuen
R. L. Tabb
Production Control Dept.
Measurement Dept.
Earl Smith
Bob Sledge - Contracts Adm. Dept.
File