STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
APR 17 1984
O. C. D.
ARTESIA, OFFICE

Operator
Chama Petroleum Company

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

Reason(s) for filing (Check proper box)
New Well [XX]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gulf Federal	1-Y	~~Undesignated~~ Morrow	State, Federal or Fee Fed.	NM-8247

Location
Unit Letter H : 735 Feet From The South Line and 660 Feet From The West
Line of Section 35 Township 19 South Range 25 East , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [XX]
Southern Union Refining Co.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 980, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]
Transwestern Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2521, Houston, Texas 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	35	19S	25E	~~No~~ Yes	~~Approx. April 20, 1984~~ 5-2-84

If this production is commingled with that from any other lease or pool, give commingling order number: SCR 274

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/30/82	3-30-84	9755	9325
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3500' GL	Morrow	9204	9070
Perforations			Depth Casing Shoe
9204-84			9766

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 - 48#	355	350
12 1/4	8 5/8 - 24#	2820	650
7 7/8	4 1/2 - 11.6#	9755	850
	2 3/8	9070	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
510	24 hrs.	-0-	-0-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2327	-0-	12/64

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.

(Signature)
President
(Title)
April 12, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 1 4 1984, 19
BY Original Signed By Leslie A. Clements Supervisor District II
TITLE

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 deviation 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.