STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Revised 10-1-78

# OIL CONSERVATION DIVISION

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

| | |
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| TRANSPORTER GAS | ✓ |
| OPERATOR | ✓ |
| PRORATION OFFICE | |

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
APR 10 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 [X]
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. |
|---|---|---|---|---|
| South Boyd | 1 | ~~Undes.~~ Cemetery Morrow | State, Federal or Fee Fee | |

Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 27 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 [X]
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 [X]
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 |
|---|---|---|---|---|---|---|
| | F | 27 | 19S | 25E | ~~No~~ Yes | 5-3-84 ~~Approx. April 20, 1984~~ |

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

## 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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 8/27/83 | 1/9/84 | 9555 | 9439 |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3455.7 GL/3467.7 KB | Morrow | 9210 | 9110 |

| Perforations | Depth Casing Shoe |
|---|---|
| 9210 - 9327 | 9439 |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17 1/2 | 13 3/8 | 373 400-450 | 450 |
| 11 | 8 5/8 | 1320 | 880 |
| 7 7/8 | 4 1/2 | 9439 | 975 |
| | | | |

## 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 allo... 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 |
|---|---|---|---|
| 595 | 24 hrs. | - | - |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pressure | 2700 | -0- | 8/64 |

## 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 3, 1984
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 08 1984, 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen... well, this form must be accompanied by a tabulation of the deviati... tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo... able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own... well name or number, or transporter, or other such change of conditi...

...rate Forms C-104 must be filed for each pool in multi... ...ed wells.