

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 30 1993

Operator CHI OPERATING, INC.		Well API No. 30-015-21920
Address P.O. Box 1799 ; MIDLAND, TX. 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/> *	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	* REENTRY
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name LONE TREE	Well No. 1	Pool Name, Including Formation FLINT BONE SPRING	Kind of Lease (State, Federal) or Fee	Lease No. VA834
Location				
Unit Letter K	1980	Feet From The SOUTH Line and 1980	Feet From The WEST Line	
Section 13	Township 21-S	Range 27-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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211-0159	
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) 4044 PENBROOK, ODESSA, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 13
	Twp. 21-S	Rge. 27-E
	Is gas actually connected? YES When? 12/1/93	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> *	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/19/93	Date Compl. Ready to Prod. 11/22/93		Total Depth 11,870'		P.B.T.D. 7900' Post 27-2			
Elevations (DF, RKB, RT, GR, etc.) 3163' GR	Name of Producing Formation BONE SPRING		Top Oil/Gas Pay 7588		Tubing Depth 7421' comp B.S.			
Perforations 7558-7770					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	606'	UNKNOWN
12 1/4"	9 5/8"	3060'	UNKNOWN
7 7/8"	5 1/2"	11,870'	1350 SXS TOTAL
	2 3/8"	7421'	

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 12/21/93	Date of Test 12/10/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 90	Casing Pressure NA	Choke Size 30/64
Actual Prod. During Test 31	Oil - Bbls. 31	Water - Bbls. 48	Gas - MCF 74

GAS WELL

Actual Prod. Test - MCP/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 **Mike Fergan**
Printed Name **Mike Fergan**
Date
Title **AGENT**
Telephone No. **(915) 685-5001**

OIL CONSERVATION DIVISION

Date Approved **DEC 30 1993**

By **SUPERVISOR, DISTRICT II**
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.