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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

RECEIVED

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

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

OCT 17 '90

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.

ARTESIA OFFICE

I.	
Operator CHI OPERATING, INC.	Well API No. 30-015-25461
Address P. O. BOX 1799, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 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	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/31/92..... UNLESS AN EXCEPTION TO RULE 336 IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name WISER STATE	Well No. 2	Pool Name, Including Formation Walden Delaware	Kind of Lease State, Federal or Fee	Lease No. K 5261
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>1890</u> Feet From The <u>WEST</u> Line Section <u>9</u> Township <u>21 S</u> Range <u>26 E</u> , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PERMIAN	<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. BOX 1183, HOUSTON, TX 77251	
Name of Authorized Transporter of Casinghead Gas DELAWARE NATURAL GAS	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 9111 JOLLYVILLE RD, #215, AUSTIN, TX 79759	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 9	Twp. 21S
	Rge. 26E	Is gas actually connected? NO	When? 12-2-90 3 WEEKS

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09/17/90	Date Compl. Ready to Prod. 10/12/90		Total Depth 4,200'		P.B.T.D. 4,176'			
Elevations (DF, RKB, RT, GR, etc.) 3288 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 3197		Tubing Depth 3116			
Perforations 3197' to 3204'					Depth Casing Shoe 4,195'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		350		350 Part ID-2			
12 1/4	8 5/8		2,226		975 11-2-90			
7 7/8	5 1/2		4,200		650 shg ap			
	2 3/8		3,116		NA			

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 10/12/90	Date of Test 10/15/90	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HRS	Tubing Pressure 45#	Casing Pressure NA	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 41	Water - Bbls. 73	Gas - MCF 46,250 46

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
Printed Name
10/16/90
Date
915-685-5001
Telephone No.
PRESIDENT
Title

OIL CONSERVATION DIVISION

Date Approved OCT 26 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.