

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 17 '90

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

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

Operator CHI OPERATING, INC.		Well API No. 30-015-26462
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/31/90
If change of operator give name and address of previous operator		UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name WISER STATE	Well No. 1	Pool Name, Including Formation WISER (DELAWARE)	Kind of Lease State, Federal or Fee	Lease No. K 5261
Location Unit Letter F : 2268 Feet From The NORTH Line and 2097 Feet From The WEST Line Section 9 Township 21 S Range 26 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"/> PERMIAN	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> DELAWARE NATURAL GAS CO., INC.	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? 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09/05/90	Date Compl. Ready to Prod. 09/24/90		Total Depth 4,178'		P.B.T.D. 4,150'			
Elevations (DF, RKB, RT, GR, etc.) 3230 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 2724'		Tubing Depth 2655'			
Perforations 2724-2738					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		350'		490 Post ID-2			
12 1/4	8 5/8		2,161'		965 11-2-90			
7 7/8	5 1/2		4,178'		600 comp + BK			
	2 3/8		2,655'		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 09/24/90	Date of Test 10/10/90	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HR	Tubing Pressure 65#	Casing Pressure NA	Choke Size 28/64
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 62	Gas - MCF 63,500 64

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  
10/03/90  
Date  
PRESIDENT  
Title  
915-685-5001  
Telephone No.

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

- 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.