Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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



OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III			·		MC0 6730			V 1	25.45			
1000 Rio Brazos Rd., Aztec, NM 87410					LE AND A							
I.		TO TRA	NSPOF	RT OIL	AND NAT	TURAL GA		API No.				
Operator CHI OPERATIN			Wen 7	A1110.								
Address P. O. BOX 17	99	MIDLA	ND, T	X 7 !	9702							
Reason(s) for Filing (Check proper box)		11232	,		Othe	r (Please expla	iin)					
New Well			Transporter	r of:	_							
Recompletion	Oil	\square	Dry Gas	Ш								
Change in Operator	Casinghe	id Gas	Condensate	e 📙		, . 			.			
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE		,							N-		
Lease Name			1	-	ng Formation	, DET ATT	ا	of Lease Federal or Fee		ase No. 0400877		
HONDO FED		2	E . C	ATCL	AW DRAW	DELAW	ARE		NPI-C	400077		
Location	17	5.0		Q	OUTH	208	n		EAST			
Unit Letter	_ : <u>17</u>	30	Feet From	The	Line	and	Fe	eet From The _		Line		
Section 9 Townshi	21	S	Range	26E	, NN	ирм,	EDDY			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AND	NATII	RAL GAS							
Name of Authorized Transporter of Oil	X	or Conder		7	Address (Give	e address to wh		copy of this fo				
ENRON OIL # TRADING	TR	ANSPO	RTATT	oи	P.O. BOX 10607 MIDLAND, TX 79702							
Name of Authorized Transporter of Casing			or Dry Ga		Address (Giw	e address to wi	uch approved	copy of this fo	rm is to be se	ns)		
If well produces oil or liquids, give location of tanks.				Rge. 26E	Is gas actually connected? When ?							
If this production is commingled with that	+					per:						
IV. COMPLETION DATA							γ 					
Designate Type of Completion	- (X)	Oil Well	l Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	ipl. Ready to	o Prod.		Total Depth	L		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth			Depth Casing	h Casing Shoe			
	 	TIDING	CASING	1 AND	CEMENITO	VC PECOP	<u> </u>	<u> </u>				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			S	ACKS CEMI	ENT		
note size	10,	ionica i	000			DEV 111 GE1						
								 				
V. TEST DATA AND REQUES				_	1					·		
OIL WELL (Test must be after r			of load oil	and must					or full 24 hou	rs.)		
	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Date First New Oil Run To Tank				Tubing Pressure			Casing Pressure			Choke Size		
Date First New Oil Run To Tank Length of Test		essure			Casing Press.	ire		Choke Size				
					Casing Press. Water - Bbis.			Choke Size Gas- MCF				

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.

Actual Prod. Test - MCF/D

Date

Testing Method (pitot, back pr.)

La 20140	u
Signature DAVID H. H	RRISON PRESIDENT
Printed Name	Title
01/21/92	915-685-5001

OIL CONSERVATION DIVISION

Gravity of Condensate

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT IF

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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

Length of Test

Tubing Pressure (Shut-in)

- 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.

Telephone No.

- 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.