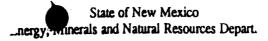
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240





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

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

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

46148

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator CHI OPERATING, INC. Address MIDLAND, TX 79702 P. O. BOX 1799, Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Oil Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation Lease Name E. CATCLAW DRAW DELAWARE State Federal for Fee NM-0400877 2 HONDO FED Location Feet From The SOUTH Line and 2080 1750 Feet From The Unit Letter __ EDDY 21S 26E County Township Range , NMPM, Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Name of Authorized Transporter of Oil

ENRON OIL TRADING & TRADEPORTATION

Name of Authorized Transporter of Casinghead Gas

THE CLINE OF CASING AS TO THE CLINE OF CASING AS TO THE CLINE OF CASING AS TO THE CLINE OF THE CLINE OF THE CLINE OF THE CLINE OF THE CASING AS TO THE CLINE OF THE CASING AS TO THE CLINE OF THE CLINE OF THE CASING AS TO T P.O. BOX 10607 MIDLAND, TX 79702 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Sec. Twp. Rge. Is gas actually connected? When ? If well produces oil or liquids, Unit give location of tanks. 9 215 26E J If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v New Well Workover Deepen Diff Res v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** | CASING & TUBING SIZE HOLE SIZE V. 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 allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Rbis Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _____ By_ Signature

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

915-685-

HARRISON

DAVID H.

01/21/92

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

PRESIDENT Title

5001

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.