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Appropriate District Office
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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION AND ACCURA

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Y
Q

	T	TRAT C	NSP	ORT OIL	AND NAT	URAL GA	S				
CHI OPERATING, INC. / 30-									015-26589		
Address D. O. DOV 1.7	00 M	IDLAN	ın.	тх 7	9702						
P. O. BOX 17 Reason(s) for Filing (Check proper box)	99 , H	IDDA	,,	111 /		r (Please explai	n)				
New Well	C	hange in]	-								
Recompletion	Oil		Dry G								
Change in Operator	Casinghead	Gas 📋	Conde	nsate							
change of operator give name nd address of previous operator		<u></u>									
	ANDIEAG	210									
I. DESCRIPTION OF WELL Lease Name	AIND DEAL	Well No.	Pool N	lame, Includir	g Formation		Kind o	Lease		ase No.	
HONDO - FED		3				DELAWAE	RE State	ederal or Fee	NM-04	00877	
Location					-				- 1 - 2 -		
Unit LetterG	: 231	0	Feet F	from The $\frac{N}{2}$	ORTH Line	and2	160F∞	t From The .	EAST	Line	
	210		_	2	, 6 E NB	(Th)	EDDY			County	
Section 9 Townshi	p 21S		Range	<u> </u>	6E , n i	ирм,	EDDI				
II. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	X (or Condens	sale		Address (Giw	e address to wh					
ENRON OIL # TRADING	G & TRA	NSPO	<u>RTA</u>	TION_	P.O. I	30X 1060	07 MI	DLAND,	TX 7970	02	
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ini)	
	1 77-24	5	Turn	l Page	Is gas actually	v connected?	When	?			
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. a	Twp. 21		_	y commence.		•			
f this production is commingled with that						ber:					
V. COMPLETION DATA		·									
D . T Completion	~	Oil Well	j	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (A) Date Compl	Pandy to	Dend.		Total Depth	<u></u>	<u> </u>	P.B.T.D.	J		
Date Spudded	Date Compi	. Ready to	riou		Total Depair				F.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casin	ng Shoe		
			046	DIG AND	CENTENITE	NC PECOP	<u> </u>	1			
	TUBING, CASING AND				CEMENTI	DEPTH SET		T	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEF IN SET						
								ļ		·	
								<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E	4 h 4 n . a.	a avered top all	oundle for th	is denth or he	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank			of loa	a ou ana mus	Producing M	lethod (Flow, p	ump, gas lift,	elc.)	<u> </u>		
Date First New Oil Run 10 Tank	Date of Test Producing Method (Flow, pump, gas lift, etc.										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
	Oil - Bbls.			Water - Bbis.			Gas- MCF				
Actual Prod. During Test											
GAS WELL					Dhie Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bois, Collection Vivies						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Siz	Choke Size			
resulting released (phos, coace proj											
VI. OPERATOR CERTIFICATION	CATE OF	COM	PLIA	ANCE		011 001	10ED	ATION	DIVICE	ON	
I hereby certify that the rules and reg	ulations of the	Oil Coase	rvatio	0	-	OIL COI	NSEHV	AHON	וסועום	ON	
Division have been complied with an	d that the info	rmation gi	ven ab	ove				-			
is true and complete to the best of my	y knowledge a	na bellel.			Dat	e Approve	ed	EB :	1992		
- self-len					ORIGINAL SIGNED BY						
Signature					∥ By_	By WIKE WILLIAMS					
DAVID H. HARRISON PRESIDENT					SUPERVISOR, DISTRICT IT						
Printed Name		015	Titl		Title	e					
01/21/92 Date		<u>915-</u> Те	685 lephor	-5001 ne No.							
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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.