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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

RECEIVED

JUL 10 1991

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-------------------------------------|
| Operator CHI OPERATING, INC. | | Well API No. 30-015-26725 |
| 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: | |
| 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 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---------------------------------------|---------------------|
| Lease Name WISER STATE | Well No. 3 | Pool Name, Including Formation E. CATCLAW DELAWARE | Kind of Lease State Federal or Fee | Lease No. K-5261 |
| Location Unit Letter E : 862 Feet From The WEST Line and 2257 Feet From The NORTH Line Section 9 Township 21S Range 26E, NMPM, EDDY County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

| | | | | | | |
|--|--|-----------|------------|------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| PERMIAN CORP | | | | | | |
| Name of Authorized Transporter of Casinghead 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) | | | | | |
| DELAWARE NATURAL GAS CO | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 9 | Twp. 21 | Rge. 26 | Is gas actually connected? YES | When? 6/01/91 |

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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded 4/30/91 | Date Compl. Ready to Prod. 5/30/91 | | Total Depth 4175' | | P.B.T.D. 4100' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3223 GR | Name of Producing Formation DELAWARE | | Top Oil/Gas Pay 4073' | | Tubing Depth 4025' | | | |
| Perforations 4073' to 4087' | | | | | Depth Casing Shoe 4175' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 350' | | 450 sk | | | |
| 12 1/4" | 8 5/8" | | 2150 | | 1165 sk | | | |
| 7 7/8" | 5 1/2" | | 4175' | | 560 sk | | | |
| | 2 3/8" | | 4025' | | NONE | | | |

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 6/01/91 | Date of Test 6/05/91 | Producing Method (Flow, pump, gas lift, etc.) FLOW | |
| Length of Test 24 hr | Tubing Pressure 165# | Casing Pressure NA | Choke Size 48/64 |
| Actual Prod. During Test | Oil - Bbls. 43 | Water - Bbls. 95 | Gas - MCF 235 |

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
7/03/91
Date
915-685-5001
Telephone No.
PRESIDENT
Title

OIL CONSERVATION DIVISION

Date Approved JUL 29 1991

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.