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DISTRICT II
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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

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

RECEIVED

APR 27 1993

C. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CHI OPERATING, INC. ✓	Well API No. 30-015-27288
Address P.O. BOX 1799; MIDLAND, TEXAS 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator N.A.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name COLT FEDERAL	Well No. 1	Pool Name, Including Formation OLD MILLMAN RANCH BONE SPRING	Kind of Lease State, <input checked="" type="checkbox"/> Federal <input type="checkbox"/> For Fee	Lease No. NM-86540
Location Unit Letter P : 990' Feet From The FSL Line and 660' Feet From The FEL Line Section 4 Township 20-S Range 28-E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SCURLOCK PERMIAN	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648; HOUSTON, TX. 77120					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GPM GAS CORP.	Address (Give address to which approved copy of this form is to be sent) 4404 PENBROCK; ODESSA, TX. 79762					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 4	Twp. 20-S	Rge. 28-E	Is gas actually connected? YES	When? 4/04/93
If this production is commingled with that from any other lease or pool, give commingling order number: N.A.						

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 1/25/93	Date Compl. Ready to Prod. 4/04/93		Total Depth 7430'		P.B.T.D. 7363'			
Elevations (DF, RKB, RT, GR, etc.) 3277' GR	Name of Producing Formation BONE SPRING		Top Oil/Gas Pay 6177'		Tubing Depth 6137'			
Perforations 6177', 92'; 6213', 20'; 28', 42'; 45', 68'; 82', 92'; 6305', 16'; 34', 58', 72' (15 HOLES)					Depth Casing Shoe 7430'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		404'		430 SXS Post ID-2			
7 7/8"	5 1/2"		7430'		2180 SXS 5-14-93			
	2 3/8"		6137'		N.A. comp + BK			

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 4/04/93	Date of Test 4/07/93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 1550 PSI	Casing Pressure 0 PSI	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 177	Water - Bbls. 35	Gas - MCF 2500

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 **Mike Feagan**
MIKE FEAGAN OPERATIONS MANAGER
Printed Name
4/23/93 (915) 685-5001
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 30 1993**

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.