

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator H.E. LEE		Well API No. 30-015-21081
Address 910 W. MCGAFFEY ROSWELL, NEW MEXICO 88201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) 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 CHELSI	Well No. 1	Pool Name, Including Formation WILDCAT UPPER PENN	Kind of Lease State, Federal or Fee	Lease No. LG-9681
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 2 Township 26 SOUTH Range 25 EAST, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CO.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159 ARTESIA, NEW MEXICO 88211-0159
Name of Authorized Transporter of Casinghead Gas H.E. LEE	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 910 W. MCGAFFEY ROSWELL
If well produces oil or liquids, give location of tanks.	Unit J Sec. 2 Twp. 26S Rge. 25E	Is gas actually connected? YES When? 4-16-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 4-30-91	Date Compl. Ready to Prod. 12-27-91	Total Depth 12043	P.B.T.D. 11,400					
Elevations (DF, RKB, RT, GR, etc.) 3687' GR	Name of Producing Formation UPPER PENN	Top Oil/Gas Pay 9830'	Tubing Depth 9752'					
Perforations (9830-32, 9857-60, 9886-90, 9897-9900, 9919-22, 9937, 9963-71, 9986-92)			Depth Casing Shoe 11,872					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	199'	200sx Circ.					
12 1/4	9 5/8	2655'	900sx Circ.					
8 3/4	5 1/2	11872'	1320sx					
	2 7/8	9758'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) JST ID-2 6-19-92 comp 4/Prum	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 200	Length of Test 4 hrs.	Bbls. Condensate/MMCF 1	Gravity of Condensate 58
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 4650	Casing Pressure (Shut-in) PKR-0	Choke Size 3/16

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
H.E. LEE
Printed Name
4-23-92
Date
OWNER
Title
623-7120
Telephone No.

OIL CONSERVATION DIVISION

JUN 16 1992

Date Approved

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.