

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	NATURAL GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Challenger Energy, Inc. ✓

Address P.O. Box 1262 (510 W. Texas) Artesia, NM 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Request for Testing Allowable of 2033 bbls. for the month of September, 1984. Delaware Formation. Perf. - 4985' B/Perf. 5782'</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mobil 22 Fed. #0</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Brushy Draw - Delaware</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 22434</u>
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>EAST</u> Line of Section <u>22</u> Township <u>26 S</u> Range <u>29 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental</u>	Address (Give address to which approved copy of this form is to be sent) <u>Route 12, Box 2805, Odessa, Tx. 79763</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u>
Unit <u>P</u> Sec. <u>22</u> Twp. <u>26</u> Rge. <u>29</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Craig Huber

(Signature)

Sec/Treas.

(Title)

9/20/84

(Date)

OIL CONSERVATION DIVISION

SEP 20 1984

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By

Leslie A. Clements

TITLE \_\_\_\_\_ Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8/18/84	9/12/84		6081		6041				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
2889.4 GR	DELAWARE		4985		5065				
Perforations		5772-82(25PF)			Depth Casing Shoe				
4985-87, 5001, 5003, 5006-14, 5021, 5022, 5025-28, 5032-40(15PF)					6081				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		500'		459				
7 7/8	5 1/2		6081		655				
	2 7/8		5065						

#### 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size