STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		✓	
PRORATION OFFICE			

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Challenger Energy, Inc.

Address: P.O. Box 1262 Artesia, NM 88210

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-28-84 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED ✓

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mobil "22" Federal	1	Brushy Draw - Delaware	State, Federal or Fee Federal	NM 22634

Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East

Line of Section 22 Township 26S Range 29E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [✓] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	Drawer 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [✓] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Continental	Route 12, Box 2805 Odessa, TX 79763

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	22	26S	29E	NO	

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.*

ID-2
Post 10-5-84
Comp + BK

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)
9/27/84
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 28 1984, 19____

Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE _____

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.
8-17-84	9-12-84	6081'	6041'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
2889.4 GL	Delaware	4985'	5065'
Perforations 4985'-4987', 5001, 5003, 5006-5014, 5021, 5023, 5025-5028, 5032-5040 .42/1SPF-29 shots; 5772-5782 .42/2SPF-22 shots			**Depth Casing Shoe** 6081'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 23#	500'	459 SX
7 7/8"	5 1/2 17#	6081'	655 SX.
	2 7/8" 6.4#	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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-12-84	9-23-84	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
7 hrs.	100 psi	-0-	1 15/16"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
235	145	90	19

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**