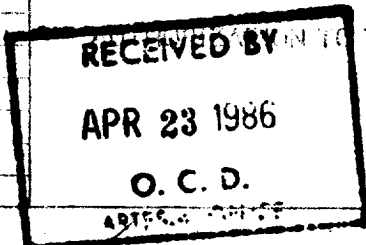


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



TO TRANSPORT OIL AND NATURAL GAS

Operator Challenger Energy, Inc.	
Address P.O. Box 1262, Artesia, NM 88211-1262	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Gashead Gas ☐ Condensate ☐
Change in Ownership ☐	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-28-86
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Picou Federal	Well No. #1	Pool Name, Including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-57261
Location				
Unit Letter P	505	Feet From The South	930	Feet From The East
Line of Section 12	Township 26	Range 29	County Eddy	

IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 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)	
If well produced oil or liquid, give location of tanks.	Unit P	Sec. 12
	Twp. 26	Range 29
	Is gas actually connected? No	
	When	

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

COMPLETION DATA

Designate Type of Completion - (X) XX	CH. Well XX	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'n.	Diff. Fract.
Date Spudded 2/7/86	Date Comp. Ready to Prod. 4/18/86	Total Depth 6770'	P.B.T.D. 6110'					
Elevation (L.F., N.E., R.T., CR, etc.) 3033.4	Name of Producing Formation Cherry Canyon	Top CH. Pay 5761	Tubing Depth 5812					
Perforations 5761, 81, 92	Hydrojet 2 cuts/foot.	Depth Casing Shoe 6770						

HOLE SIZE				CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
17 1/2"				13 3/8", 54 1/2#				660'				680 sks			
12 1/4"				9 5/8", 36#				2108'				300 sks			
8 3/4"				7", 23#				6770'				675 + 250 sks			
				2 3/8"				5812'							

TESTING METHOD AND RESULTS FOR ALLOWABLE (Test must be for a recovery of total volume of lost oil and must be equal to or exceed top all
oil lost in the well or be for 12 hours)

Date First Flow Control Test 4/18/86	Date of Test 4/21/86	Production Method (Flow, pump, gas lift, etc.) pumping	Length of Test 24 hours	Volume Produced 276 bbls	Casing Pressure 215	Choke Size 24.7
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GAS TEST

Actual Test Method (pilot, back, etc.)	Length of Test	BBls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back, etc.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Commission have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Vickie Sue
(Signature)

Production Clerk

4/22/86

(Date)

(Date)

OIL CONSERVATION COMMISSION

APR 28 1986

APPROVED _____, 19

BY Original Signed By
Les 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 device
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of data.

