STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
AUG 17 1987
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		
Distribution		
Santa Fe	✓	
File	✓	✓
U.S.G.S.		
Land Office		
Transporter	OIL ✓	
	GAS ✓	
Operator	✓	
Proration Office		

Operator
CHALLENGER ENERGY, INC ✓

Address
P.O. Box 1262 ARTESIA, N. MEX. 88210

Reason(s) for Filing (Check proper box)

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

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-27-87 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MOBIL 22 FED	8	BAUSH DRAW DELAWARE	State, Federal or Fee FED	NM22634

Unit Letter C : 890' Feet From The NORTH Line and 2160 Feet From The WEST

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
NAVAJO REFINING CO

Address (Give address to which approved copy of this form is to be sent)
ARTESIA, NM 88210 BOX 159

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
CONTINENTAL

Address (Give address to which approved copy of this form is to be sent)
RT 12 BOX 280-5 ODESSA TX 79763

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	D	22	26	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)	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.
3/18/87	7/2/87	5241	5240

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2904.1 GL	CHERRY CANYON FIELD PAY	~~4965~~ 4974	4900

Perforations
4974 – 5018

Depth Casing Shoe
5241

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8	344'	350 SKS
7 7/8	5-1/2	5241	725 SKS
	2 7/8	4960	

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.)
7/3/87	7/3/87	SWAB

Post ID-2 8-28-87 comp + BK

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	-0-	-0-	

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	60 BBLS	400 BBLS	60 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Russell Black
(Signature)

Pres.
(Title)

7/22/87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1987, 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 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, transporter, or other such change of condition.

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