Sabmit 5 Contes 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 1-1-86 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Kuo Brazos Rd., Azzec, NM 87410

DISTRICT E P.O. Drawer DD, Anesia, NM 88210

Santa Fe. New Mexico 87504-2088

Operator		10 IH	ANS	PORT OF	LANDNA	1	UHAL	<u>A</u> ک		A DI Nie					
Mountain States Pet	roleum						API No. 300450793200								
Address	TOTEUM	corp.		- · · · · · · · · · · · · · · · · · · ·		_					75200				
P. O. Box 1936	Roswell	ll. New	Me	xico 882	201										
Reason(s) for Filing (Check proper box)						he	t (Please ex	plain,)						
(New Well		Change in	Tran	sporter of:											
Recompletion	Oil	<u></u>	Dry	_											
Change in Operator	Casinghe	ad Gas	Con	densate	·.										
If change of operator give name and address of previous operator	S1a	ayton O	il	Corp. PC	Box 150	Ο,	Farmiı	ngt	on, No	ew Mexic	o 87	49 9			
II. DESCRIPTION OF WELL	AND LE	CASE					•								
Lease Name			1		ing Formation	1			Kınd	of Lease Na.	/a.io_		ease No.		
NW Cha Cha Unit 28		21		Cha Cha	Gallup				State	Federal or Fe	× 1	4-20	-603-	-2168	
Location	33	30			M			221	0						
Unit LetterC	_ :	JU	_ Fea	From The _	N <u>Li</u>	De	and	231	<u>U</u> F	eet From The	W			Line	
Section 28 Townsh	ip 29	9 N	Ran	_{ge} 14 W	. 1	W.	грм, San	Jua	n				Coun	đν	
	•				<u>1 -</u>		<u> </u>							<u> </u>	
III. DESIGNATION OF TRAN	NSPORT			ND NATU											
Name of Authorized Transporter of Oil	X	or Conde	neale							tedalo					
Giant Refining Co. Name of Authorized Transporter of Casin	oband Cas		T							ttsdale,					
Trans d Autorized Transporter di Casa	igneau Cas	نــا	OF D	ry Gas 🔚	Address (G)W	acaress to 1	WALCA	approved	copy of this	JOTTH LS 1	io be se	ni)		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	ls gas actua	Шy	connected?		When	1?	- -				
give location of tanks.	<u>j</u> 0	26	29	nj 14w	no	_			<u>i</u>						
If this production is commingled with that	from any ot	her lease or	pool,	give comming	ling order mur	nb	er								
IV. COMPLETION DATA		100000			7	<u>-</u> ,-					· · ·				
Designate Type of Completion	- (X)	Oil Well	i i	Gas Well	New Well	: į	Workover	l	Deepen	Plug Back	Same	Res'v	Diff Re	es'v	
Date Spudded		pi. Ready to	Prod	. <u>-</u>	Total Depth	_		i_	<u> </u>	 P.B.T.D.	<u>i</u>		1		
•					·					1.2.12.	1 .a I .a				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay				Tubing Dep	Tubing Depth				
Perforations										Depth Casi	ng Shoe				
		TIDDIC	<u></u>	CINIC AND	CTL CENTE		C DECO	nn		<u> </u>					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	_	DEPTH SE			7	SACKS CEMENT				
TOOL OIL					DET ITTOE					CASIO CERENT					
										<u> </u>					
						_									
N. SPOCE DATE AND DECLID			4 TO T		1					1		· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES OIL WELL (Test must be after t								M	kla faa ski		e 6.11 °	24 6	1		
OIL WELL (Test must be after to Dute First New Oil Run To Tank	Date of Te		ој юс	a ou ana mus	Producing N						jor juli i	24 NOW	3.)		
	Jan Di IV						(,,, ,		, 6— -3-,						
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.					Gas- MCF	Euse-MCF				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		~	<u> </u>					1	**			لــــــ	
GAS WELL	· · · · · · · · · · · · · · · · · · ·									_C::					
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	'nS	ale/MMCF			Gravity of	Condens	aic .			
Testing Method (pilot, back pr.)	Tubing Pr	essure (Shu	-m)		Casing Pres	911	e (Shut-in)			Choke Size					
in the state of th							· (case as)							٠,	
VL OPERATOR CERTIFIC	ATE OF	COME	T TA	NCE	1										
I bereby certify that the rules and regul						O	IL CO	NS	ERV	ATION	DIVI	SIO	N		
Division have been complied with and that the information given above															
is true and complete to the best of my	mowledge a	and belief.			Date	е	Approv	ed		SEP	99	1000			
	. /	9)				-F					-			
Cally Will	erat	um	_		By_				る	(ب	d.	/			
Ruby Wickersham		C1	lerk	<u> </u>	-, -					•		7			
Sept. 1, 1989		623-7	7 T #8		Title)				ERVISIO	n DIS	TRI	CT#	3	
Date 1, 1969						_									
		1 CHC	phoe	E AND.											

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.