SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Suburban Propane Corp. Address Alamo National Bldg.; Sa Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership give name Exxon; Box 1 DESCRIPTION OF WELL AND LEASE Lease Name NW Cha Cha Unit 17 Location Unit Letter M 510 Feet From The	(HO. OF COPIES REC		. 5									
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(Title)

3-30-73 (Date)

MEXICO OIL CONSERVATION COMMISSION

Form C-104 110

FILE			R	EQUEST	FOR ALLOWA	BLE	Supersede	s Old C-104 and C-1		
U.S.G.S.	-	THABL	7 A T ION	TO TO	AND		Effective	1-1-65		
LAND OFFICE		INOKI	LATION	IO IK	ANSPORT OIL A	AND NATURA	L GAS			
TRANSPORTER OIL /	TRANSPORTER									
	OPERATOR 9									
PROPATION OFFICE										
Operator	GAS									
Suburban Pr	opane (orp.								
Alamo Natio	nal Rid	~ •	San A	ntoni	o Towar	78205				
Reason(s) for filing (Check proper b	ox)	g•,	Jau A	n con 1		78205 Please explain)				
New Well		ge in Tra	insporter o	f:		•				
Recompletion	OH			Dry G	13					
Change in Ownership X	Castr	ighead G	as L	Conde	risate []					
If change of ownership give name and address of previous owner	Exxon:	Box	1600	: Mid	land. Toxa	as 79701				
and address of previous owner	-220011			,	rand, reas	18 / 3/01				
II. DESCRIPTION OF WELL AN	D LEASE									
Lease Name		!	l Name, In			Kind of Le		14-20-60		
NW Cha Cha Unit 1	7 14	·	Cha C	ha Ga	llup	1 3.416, . 60	eral or Fe Federal	2200		
Unit Letter M 5	10	From Th	. s	: ++	ne and 510	Fact Cr	W The W			
Sint Better						1 667 1 1				
Line of Section 17	ownship 2	9 N	B	lange	14W ,	NMPM,	San Jus	an County		
III. BESICNATION OF TRANSPO	ወ ተሮው ለድ <i>(</i>	NIT AND	D NATE	DAL CA	· c					
Name of Authorized Transporter of C						tress to which ap	proved copy of this form	is to be sent;		
Four Corners Pipe	line Co	rp.			Box 1588	Farming	ton, New Me	kico 87401		
Name of Authorized Transporter of C	asinghead Ga	s []	or Dry Ga	s	Address (live ada	lress to which ap	proved copy of this form	is to be sent)		
none			<u> </u>	T.	ls gas schally .o					
If well produces oil or liquids, give location of tanks.	Unit ;	Sec. 21	29N		*	nnected?	When			
			L	4	<u> </u>					
If this production is commingled v. COMPLETION DATA	vith that fron	n any ou	ner Jease	er pool,	give commingling	order number:				
Designate Type of Complet	ion (X)	OI We	il G	as Weli	New Well Works	over Deepen	Plug Back Same	Resty. Diff. Resty.		
		· · · · · · · · · · · · · · · · · · ·	!		+		15.555	<u> </u>		
Date Spudded	Date Comp	Reday	to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, KKB, RT, GR, etc.,	Name of P	roducing	Formation	· · · · · · · · · · · · · · · · · · ·	Tep Cal/Oas Pary		Tubing Depth			
					<u> </u>					
Perforations							Depth Casing Shoe			
	·	THE	NG CASI	NG AND	CEMENTING RE	CORD				
HOLE SIZE	CAS		UBING S			TH SET	SACKS	CEMENT		
					<u> </u>					
					<u> </u>					
	COD AT LO						and the second second			
V. TEST DATA AND REQUEST 1 OIL WELL	FUR ALLU	WABLE	able f	mustbea; for this de	pth or be for full 24.	hours)		or exceed top allow-		
Date First New Oil Run To Tanks	Date of Te	•:			Producing Method	(Flow, pump, gas	lift, egh.	1		
					i ! ====================================		Choke Size			
Length of Test	Tubing Pre	88M+			Casing Pressure		Chose Size	1		
Actual Prod. During Test	O11-Bb.s.				Water - Brin.		Can-MOF	<u> </u>		
, , , , , , , , , , , , , , , , , , ,							OIL CALL	:3/		
<u> </u>						The Dist				
GAS WELL					y					
Actual Prod. Test-MCT/D	Length of	Test			Bbls. Condensate/	MMCF	Gravity of Condens	ate		
Transport (pitet hock pt /	Tubing Fre		hut-(n)		Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitot, back pr.)	1 dbirg Pf	- (8			Linnania (
I. CERTIFICATE OF COMPLIAN	NCF	÷ - · 			0	IL CONSERV	ATION COMMISS	ION		
. OBBITIONIE OF COMPLIM										
I hereby certify that the rules and	regulations	of the C	ni Conse	rvation	APPROVED_		MAR 3 0 1973 by Emery C. Arn	_, 19		
Commission have been complied	mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.					al Signed	oy wmery c. Arn			
accept the side somplete to b		· ·· ···				मपार	RVISOR DIST. #	\$		
					1					
Bin B. Bu	a d	-	**				n compliance with Ru			
1800 / 1. 11th	1.1.1	Be	n Kel	ley_	wall this form	must be accom	owable for a newly di panied by a tabulatio	n of the deviation		
Production Su		ndan	-		tests taken on	the well in acc	ordence 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.

MAR 8 0 1975 Charte Co Steps of Sente Contests SUPPRINTED BUILDS OF