API No. 30-015-25542

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S. SANTA LAND OFFICE SANTA TRANSPORTER OIL V GAS RE PROMATION OFFICE	RECEIVED NSERVATION DIVISION P. O. BOX 2088 A FE, NEW MEXICO 87501 CUEST FOR ALLOWABLE AND AND ARIESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS
P. O. Box 1861, Midland, Texas 79702 Recon(s) for filing (Check proper box) New Well Recompletion Change in Transporter Oil Casinghead Gas	r of: Dry Gas Condensate
If change of ownership give name Challenger Energy and address of previous owner Challenger Energy II. DESCRIPTION OF WELL AND LEASE Large Name Picou Federal Well No. Pool Name,	, Inc., 517 Centre, P. O. Box 1262, Artesia, New Mexico 88211-1262
Location P 505 Feet From The SOL Line of Section 12 Township 26	V Draw - Delaware     State, Federal or Fee Federal     Logae No.       ith
III. DESIGNATION OF TRANSPORTER OF OIL AND N Name of Authorized Transporter of OIL AND N Navajo Refining Name of Authorized Transporter of Casinghead Gas a or Dry Ga None - Gas used as lease fuel to run gas of If well produces oil or liquids, give location of tanks.	ATURAL GAS Andress (Give address to which approved copy of this form is to be sent) P. O. BOX 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent) and the sent of
If this production is commingled with that from any other lease NOTE: Complete Parts IV and V on reverse side if necessa VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Divisi been complied with and that the information given is true and complete to the my knowledge and belief.	
Accounting Associate	BYOriginal Signed By Mike Williams TITLEOil & Gas Inspector This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly doubled
6-28-88 (Tule) A/C915-688-0375	<ul> <li>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 AULE 111.</li> <li>All sections of this form must be filled out completely for allowable on new and recompleted wells.</li> <li>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.</li> </ul>

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## IV. COMPLETION DATA

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Designate Type of Completi	on - (X)	Oil Well	Gas Well 1 1	New Weil	Workover	Deepen	Plug Back	Same Restv.	Ditt, Rei
Dats Spudded	Date Compl. Ready to Prod.		Total Depth Top Oll/Gas Pay			P.B.T.D. Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)									
Perforations				Depth Casing Shoe		ng Shoe	•		
****		TUBING,	CASING, AN	D CEMENTI	NG RECOR	 >			····
HOLE SIZE CASING & TUBING			OEPTH SET		SACKS CEMENT				
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## 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 houre)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Chore Size	······
			1	•
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF	

## GAS WELL

Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Concensate
Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-is )	Casing Pressure (Ebut-in)	Choke Size
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