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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 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

1000 Rio	Brazos	Rđ,	Aziec,	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

)		UIHA	אסרנ	JAI UIL	ANU NAT	UNAL GA	13 T	Well At	PI No				
perator								Well API No. 30-025-22478					
Chaparral Energy, Inc.									JU-UZJ-	<u> </u>			
ddress 10701 N. Broadway Ext.,	(Վե1 ոհ	noma C.	i+v	Oklahom:	a 73114								
eason(s) for Filing (Check proper box)	, OKTAL	Maile C	-cy,	WITH ICH		r (Please expla	zin)						
lew Well		Change in	Transpor	rter of:	_	•	·						
lecompletion	Oil		Dry Ga	f3	Effecti	ve: 07-	-01-	93					
· 650	Casinghead	Gas 🗀	Condet										
1 Comment of the comm											7/100		
d address of previous operator STLY. (12)			ation	. 777 M	<u>ain Stre</u>	et, Ste	2500	)F	ort Wort	th. TX	76102		
DESCRIPTION OF WELL A	IND LEA	Wall No	Dool N	ame, includin	o Formation K			Kindo	Kind of Lease		Lease No.		
ease Name		2	1		_	Donn			poderal or Fee	1	1763		
State "K"	<u> </u>		bag	Tey NOT	th Permo	гени							
_	10	80		- S	outh Line	6	660	F.,	et From The	West	Line		
Unit Letter	:13	700	. red h	LOGE THE TO	DOCT LINE	. and		roc	a riom ine _				
Section 21 Township	118		Range	33E	, Ni	лем,				Lea	County		
Seedon / Township						<del></del>							
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATUE	RAL GAS								
lame of Authorized Transporter of Oil	XXX	or Conde			Address (Giv	e address to w	hich of	oproved	copy of thus fo	orm is to be se	nt)		
Amoco Pipeline Company						oxville,							
lame of Authorized Transporter of Casing		XXX	or Dry	Gas 🗀		e address 10 w		-			시)		
Warren Petroleum Corpo						x 67. Mc	onum			65			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	ls gas actuall	y connected?		When					
ive location of tanks.	LL	21			Yes			l		7/19/68			
this production is commingled with that f	rom any oth	er lease of	pool, g	ive comming!	ing order num	ber:							
V. COMPLETION DATA		_,					_,		·	la 8 1	nor n		
Designate Time of Completion	<b>~</b> )	Oil Wel	u į	Gas Well	New Well	Workover	i D	cepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1	Ļ		Total Depth	L	ᆚ		10070	l			
Date Spudded	Date Com	pl. Ready i	lo Prod.		Total Depth				P.B.T.D.				
					Top Oil Gas Pay			T. Non Don't					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			1.00				Tubing Depth					
Redominat	l				<u> </u>				Depth Casis	ng Shoe	<del></del>		
Perforations										<b>→</b>			
	<del></del>	TIPRIC	CAS	INC AND	CEMENT	NG RECO	RD						
					CENTENTI				T	SACKS CEN	IENT		
HOLE SIZE	CA	ISING & T	UBING	3125	1	DEPTH SE	<u>'</u>		+	CHOILD OLN			
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	<b></b>				!				<del></del>				
e man him i ilin provinci	CT FOR	ALLOU	VADI	c .	J								
V. TEST DATA AND REQUE	SI FUK	ALLU	TADL	Ci Andrea Anno	the savel to a	- 425444 100 4	llowak	ia for th	is death at be	for full 24 ho	urs.)		
OIL WELL (Test must be after t			ue 05 100	a ou and mus	Producing 1	dethod (Flow,	Dumn	eas life	esc.)	, , <del></del>			
Date First New Oil Run To Tank	Date of T	e <b>g</b>			110mens v	(1 104,	μΨ,	۰۷۰۰ م					
To de Al Toro	Tukin n				Casing Pres	STILE			Choke Size	<u> </u>			
Length of Test	Tubing P	PRIMA			- Sing i ite								
Dud Duise Test	Oil - Bbls.				Water - Bbls				Gas- MCF				
Actual Prod. During Test	OII - BOII	<b>D</b> .		•									
<u> </u>					_!	<del></del>							
GAS WELL		·—··							TC	Condensais			
Actual Prod. Test - MCF/D	Length o	Test			Bbls. Cond	en wie NIMCF	•		Gravity of	Condensate			
									Cala Ela				
Testing Method (pitot, back pr.)	Tubing P	resoure (S	hut-in)		Casing Fre	seure (Shut-in)	)		Choke Siz	æ			
					_								
VL OPERATOR CERTIFIC	CATE O	F CON	APLI/	ANCE		011 00	\ I.	, <del>, , , ,</del>	/ATION	ו הואוכי	ON!		
I hereby certify that the rules and regu						-	_			I DIVISI	<b>UN</b>		
Division have been complied with an	d that the in	formation	given ab	ove		te Appro		IIIM ·	2 / 4000	)			
is true and complete to the best of my	knowledge	and belief	۲.		Da	te Appro	ved '	JUIN .	ง บ เฮฮฮ	)			
00 1 00	<del></del>	1											
Mark Illy	tio he				D			Orig	g. Signed k	O <b>Y</b>			
Signature				\	ll Bà			P	aul Kautz	_ <del></del>			
Mark A. Fischer		Pı	resid		_			(	Geologist				
Printed Name		05154	Tit		Tit	ie				<del> </del>			
June 25, 1993	(4	05) 749	3-999 Telepho	ne No.									
Late.					11								

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.

Coding a many states of the code

- 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.

