NEW MEXICS OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Chave Oil Ltd. Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Effective May 1, 1972 Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name Cities Service Oil Co., Hobbs, New Mexico and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation IC-068474 Kind of Lease Lease No. Sand Unit Tract 22 Caprock Queen State, Federal or Fee Federal above : 664-75 Feet From The North Line and 660 _ Feet From The _ Line of Section Township 14 S Range 31 E , NMPM, Chaves County Address (Give address to which approved copy of this form is to be sent) III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company Box 1510, Midland, Texas 79701 ddress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Sec. Twp. Unit P.ge. Is gas actually connected? If well produces oil or liquids, 3 14S 31E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion = (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 hours) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - 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 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION MAY 4 1972 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by BY. Joe D. Ramey Dist. I, Supv. TITLE . Wenna Holle This form is to be filed in compliance with RULE 1104.

(Signature)

May 3.

1972

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, or transporter, or other such change of condition.

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

Part No. 2000 Annual Part No.

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OIL CONSERVATION COMM. HOBBS, N. M.