SANTA FE

REQUEST FOR ALLOWAB!

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	J.S.G.S. _AND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS
1.	Operator Chaves Oil Ltd.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Effective May 1, 1972			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	 	
	If change of ownership give name and address of previous owner	Cities Service Oil Co.,	Hobbs, New Mexico	
IJ.	DESCRIPTION OF WELL AND LEASE Lease Name Database Oncome Well No. Pool Name, Including Formation Kind of Lease Lease No.			
	Sand Unit Tract	46 1 Caprock Queen	ľ	
	Location	60 Feet From The North Line	e and Feet From	m The Eas t
	Line of Section 22 To	wnship 14 S Range	31 E , NMPM,	Chaves County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.S	
****	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app Box 1510, Midland, T	roved copy of this form is to be sent)
	Texas-New Mexico Pip Name of Authorized Transporter of Car	singhead Gas or Dry Gas		proved copy of this form is to be sent)
			Is gas actually connected?	When
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 16 148 31E	No	Then
		th that from any other lease or pool,	give commingling order number:	
17.	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Elevations (DF, RRB, RI, GR, etc.)	Name of Freddering Commence	,	Depth Casing Shoe
	Perforations			Depth Cusing Shoe
		· · · · · · · · · · · · · · · · · · ·	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	Date of Test Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water-Bbls.	Gas • MCF
	Actual Prod. During Test	Oil-Bbls.	114101 - 22.51	
	CAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
W	CERTIFICATE OF COMPLIAN	CE	OIL CONSER'	VAŢIQN COMMISSION
٧	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAY 4 1972 Orie, Siened by	
	Commission have been complied t	with and that the information given	Orio, Siened by Joe D. Ramer	
	above is true and complete to the best of my knowledge and belief.		TITLE Dist. I, Supv.	
			This form is to be filed in compliance with RULE 1104.	
	Menine	Halder	If this is a request for allowable for a newly drilled or deepened	
	(Sighature) Agent (Title) May 3, 1972 (Date)		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.	
	1-		Separate Forms C-104 must be filed for each pool in multiply completed media.	

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OIL C HASELVATION COMM. HOBBIS, N. M.