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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-114  
Supersedes Old C-104 and C-111  
Effective 1-1-65

Permitter <b>Crown Central Petroleum Corporation</b>	
Address <b>731 W. Wadley, Bldg. K, Suite 200, Midland, Texas 79705</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Humble State A State</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Chaveroo-San Andres</b>	Kind of Lease <b>(3-1-84)</b>
Location Unit Letter <b>E</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>			
Line of Section <b>21</b> , Township <b>8-S</b> Range <b>33-E</b> , NMPM, <b>Chaves</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 633, 301 Wall towers, Midland, Tx. 79702</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 272, Odessa, Tx. 79760</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>21</b>
	Twp., <b>8S</b>	Rge. <b>33E</b>
	Is gas actually connected? <b>yes</b>	When <b>October 1964</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>-</b>	Date Compl. Ready to Prod. <b>December 3, 1983</b>		Total Depth <b>9030</b>		P.B.T.D. <b>4402</b>			
Pool <b>Chaveroo</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4285</b>		Tubing Depth <b>4325</b>			
Perforations <b>4285'-4300' (1 SPF, 0.38" holes)</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/2</b>	<b>8 5/8</b>		<b>3577</b>		<b>300</b>			
<b>7 7/8</b>	<b>4 1/2</b>		<b>9060</b>		<b>300</b>			
	<b>2 3/8</b>		<b>4328</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)


Date First New Oil Run To Tanks <b>November 19, 1983</b>	Date of Test <b>December 12, 1983</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>30 psi</b>	Casing Pressure <b>30 psi</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>111</b>	Oil-Bbls. <b>29</b>	Water-Bbls. <b>82</b>	Gas-MCF <b>TSTM</b>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

  
K.K. Kirby  
Petroleum Engineer  
December 14, 1983

OIL CONSERVATION COMMISSION

APPROVED **DEC 19 1983**, 19  
BY **ORIGINAL SIGNED BY BOONE SEAY**

TITLE **OIL & GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

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 Sections I, II, III, and VI only 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

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