Submit 5 Copies
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, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI			10	0446	
Operator	TO TRANSPORT OIL AND NATURAL GAS Well							API No. +A 30-005-10485			
KERR-MCGEE CORPORATION	1	 					14/	<u> 4 30-cc</u>	15 -104	35	
Address P. O. BOX 11050	MIDI	LAND, I	CEXAS	5 79702	2						
Reason(s) for Filing (Check proper box)		_	_		X Ou	ner (Please exp	lain)				
New Well		Change in	Transpo Dry Ga		We.	11 name	change f	rom: Stat	te F #1		
Recompletion \square	Oil Casinghead		Conde								
Change in Operator	Casingress		Colloca								
nd address of previous operator											
I. DESCRIPTION OF WELL Lease Name	CRIPTION OF WELL AND LEASE Well No. Pool Name, Inch.			ame, Includ	ding Formation Kind (f Lease No.			
KM CHAVEROO SA UNIT		1-1/			(SAN AN		State,	Federal or Fee	OG 1	062	
Location	6	660			N	. 660	1 .		W		
Unit Letter	- : -		Feet Fr	rom The	Lir	ne and	Fe	et From The		Line	
Section 2 Townshi	p 85		Range	33E	, N	MPM, C	haves			County	
II. DESIGNATION OF TRAN	ITT GOGZI	R OF OI	T. AN	D NATI	RAT. GAS	•					
Name of Authorized Transporter of Oil	X	or Conden			Address (Gi	ve address to w		copy of this for		ent)	
Mobil Pipeline Corporation							exas 75221				
Name of Authorized Transporter of Casing Oxy NGL Inc.		<u>™</u>	or Dry Gas				Ţulsa,	lsa, Oklahoma 74102		ent) 	
If well produces oil or liquids, jive location of tanks.	Unit	Sec. 2	Twp. 85	Rge. 33E	1 -	ly connected? es	When Jan	nuary 11	1967		
f this production is commingled with that V. COMPLETION DATA	from any other	er lease or p	oool, gi		ling order num	iber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. 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					<u> </u>			Depth Casing Shoe			
	T	UBING.	CASI	NG AND	CEMENT	ING RECO	RD				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					 						
	+										
THE PARTY AND DECISION		I I OW	DIE								
7. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR A	LLLOW A	MILE of load	oil and mus	t be eaual to o	r exceed top al	lowable for thi	s depth or be fo	r full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
-				·=	<u></u>						
GAS WELL	11 angah - 27	Tast			Rhie Conda	neate/MMCC		Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			NCEDV	ATION E	אווופור	או	
I hereby certify that the rules and regul Division have been complied with and				e			NOER V				
is true and complete to the best of my			- avu	•	Date	e Approve	ed	<u>UUI</u>	131	505	
1						Date Approved					
Signature Stephen A. Krue	1//-	egen	<u> </u>		By_	DKIGIIII	ISTRICT I S	UPERVISOR			
	eger - I	Engine	er Title	. ——							
Printed Name October 2, 1989	9		٠386	7000	Title	9					
Date		Tele	phone !	Vo.	11						

INSTRUCTIONS: This form is to be filed in compile see 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.
- 2) All sections of this form must be filled out for all 3 vable 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.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.