Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Miner is 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.		TOTRA	INSP	OHIC	IL AND NA	TURAL GA	45	DI No			
Operator KERR-MCGEE CORPORATION						Well API No. N/A 30-005-10441					
Address P. O. BOX 11050	ומוא	LAND,	TEXA	S 7970)2						
Reason(s) for Filing (Check proper box)						et (Please expl	ain)				
New Well		Change in	•		. We	1 name c	hange f	rom: Sta	ate F #2		
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate											
Change in Operator If change of operator give name	Casinghea	d Gas	Conde	ensate		·					
and address of previous operator	·										
II. DESCRIPTION OF WELL	Well No. Pool Name, Including				uding Formation	ing Formation Kind			L	ease No.	
KM CHAVEROO SA UNIT	16					(SAN ANDRES)			OG 1	062	
Location C		560			N	. 19	980 _E		W	Line	
Unit Letter									une		
Section 2 Township	, 8s		Range	33E	, N	mpm, Cl	naves		·	County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL Al	ND NAT	URAL GAS	•					
Name of Authorized Transporter of Oil		or Conde			Address (Gi	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipeline Corporation						P. O. Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casing Oxy NGL Inc.	X	or Dr	y Gas					copy of this form is to be sent) Oklahoma 74102			
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.					7			
give location of tanks.	E	2	88			es	Jan	uary 11	1967		
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, g	ive commi	ngling order nun	ber:					
	<u>~</u>	Oil Well	ij	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth	<u></u>	<u> </u>	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	g Shoe		
1	7	UBING.	CAS	NG AN	D CEMENT	NG RECOR	D.				
HOLE SIZE						DEPTH SET			SACKS CEMENT		
	<u> </u>										
								<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	Ē							
OIL WELL (Test must be after re	covery of la	stal volume	of load	doil and m					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	Ø			Producing M	ethod (Flow, p	ump, gas lift, e	etc.)			
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	Water - Bbls.			Gas- MCF		
	Cit v Bota.										
GAS WELL	<u>, ,</u>					- A B 154		10	·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI OPERATOR CERTIFIC	ATE OF	COM	— — PT TA	NCF				1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					,	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Det	Date Approved OCT 13				9	
1-1-1						a wholone	:u		· · · · · · · · · · · · · · · · · · ·		
Signature C. Manager					∥ By _⊸	- CPI/	SINAL SICE	NED BY JE	RRY SEXT)N	
Stephen A. Krueger - Engineer						ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name Title October 2, 1989 915 688-7000					Title		 				
Date			ephone		·						

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.
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.