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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator -N/A 30-005 10450 KERR-MCGEE CORPORATION Address MIDLAND, TEXAS 79702 P. O. BOX 11050 Other (Please explain) X Reason(s) for Filing (Check proper box) Change in Transporter of: Well name change from: State Tract C #1 New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation Lease Name State Federal or Fee K-527 CHAVEROO (SAN ANDRES) KM CHAVEROO SA UNIT Location 1980 N 660 _ Feet From The _ Line and Feet From The Unit Letter Chaves County 88 33E NMPM, Range Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Mobil Pipeline Corporation P. O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas P. O. Box 300, Tulsa, Oklahoma 74102 Oxy NGL Inc. When? Is gas actually connected? Upit Sec Twp. Rge. If well produces oil or liquids, N/A give location of tanks. 2 8S Yes Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Gas Well New Well | Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Form tion Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation **NCT 1 3 1989** Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY JERRY SEXTON By_ DISTRICT I SUPERVISOR Signature Krueger - Engineer Stephen A. Printed Name Title_ 915 688-7000

1989

Date

with Rule 111.

- 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for chang is of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each post in multiply completed wells.