Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico En y, Minerals and Natural Resources Departmer Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

5 NMOCD (Hobbs)

1 File

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

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

Santa Fe, New Mexico 87504-2088

1 Pennant

I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION 1 Pennant TO TRANSPORT OIL AND NATURAL GAS										
Openior Dugan Production Corporation							Wall A	Well API No. 30 005-10468			
Address P.O. Box 420,											
Casing in Operator   Casinghead Gas   Condensate   Condensate   Casinghead Casinghead Gas   Condensate   Casinghead Cas											
If change of operator give name and address of previous operator Kerr-McGee Corporation, P. O. Box 11050, Midland, Texas 79702											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name KM Chaveroo SA Unit	Well No. Pool Name, Including 14 Chaveroo (						of Lease <del>Pesseal Be/Pe</del> s	1 -	2 <b>200 No.</b> 062		
Location Unit LetterF	:198	30 Fe	et From T	hoV	Vest Line	and198	80 Fe	et From The _	North	Line	
Section 2 Township	8S	Ra	ange 3	3E	, NI	иРМ,	Chave	s		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Infection Well											
						Address (Give address to which approved copy of this form is to be sent)  P. O. Box 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Trident NGL, Inc.					Address (Giw	address to we	ich approved	copy of this form is to be sent) ad, TX 79710			
if well produces oil or liquids,	oil or liquids, Unit Sec. Twp. Rge				Is gas actually connected? When						
If this production is commingled with that f	<u> </u>					жт	<u>_</u>	702			
IV. COMPLETION DATA	<del></del>	Oil Well	Gas W	/eli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		İ	<u>i</u>				L	j	Seine Ree 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 Oil/Gas Pay			Tubing Depth			
Perforations					-			Depth Casing Shoe			
TUBING, CASING AN						NG RECOR	D	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAORS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE								
OIL WELL (Test must be after re					r full 24 how	rs.)					
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			G11- MCF			
GAS WELL					1811 A 1	- AUGE		10			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Streamers					OIL CONSERVATION DIVISION  Date Approved						
Jim L. Jacobs Frinted Name  5/26/93 Date	Vice	-Preside Ti 325-: Telepho	เป <b>ด</b> 1821		Title						

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