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Appropriate District Office
DISTRICT 1
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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

5 NMOCD (Hobbs)

1 File

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

Santa Fe, New Mexico 87504-2088

			R ALLOWAE				-		Pennant	
O <del>penior</del> Dugan Production Corpo:		<b>:</b>				-005-10485				
Address PO Box 420,							1	003 2040	· · · · · · · · · · · · · · · · · · ·	
709 East Murray Drive, Reason(s) for Filing (Check proper box)	Farming	ton, N	New Mexico							
New Well  Recompletion  Change in Operator	Oil Casinghead (		Transporter of: Dry Gas	Change	of			ffective fective 5		
f change of operator give name  And address of previous operator  Ken	rr-McGee	Corpo	ration, P.	O. Box	1105	O, Mid	land,	Texas 7	9702	
I. DESCRIPTION OF WELL A	AND LEAS	SE .								
Lease Name KM Chaveroo SA Unit	V		Pool Name, Includi Chaveroo (	_	es)			( Leaso Redeoxites: Ree	B8638	w Na.
Location Unit LetterG	. 19	80 ,	Feet From TheN	orth Line	and	1980	For	et From The	East	Line
Section 2 Township	, 8s		Range 33E	, NM		Chave				County
II. DESIGNATION OF TRANS	SPORTER	OF OII	L AND NATU	RAL GAS		•				
Name of Authorized Transporter of Oil  Mobil Pipeline Corpora	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 Casing Trident NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 50250, Midland, TX 79710						()			
f well produces oil or liquids, ive location of tanks.	Unit S	<b>∞.  </b> 1 2	Nyp.   Rgc. 8S   33E	Is gas actually Ye	connec	led?	When	<b>1</b> 1/67		
this production is commingled with that f V. COMPLETION DATA	rom any other	lease or po	ol, give comming!	ing order numbe	<b>:</b>		<u>.</u>			
	<i>a</i>	Oil Well	Gas Well	New Well	Worko	ver D	ecpen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion - Date Spudded	Date Compt.	Ready to F	Prod.	Total Depth				P.B.T.D.	<del></del>	<u> </u>
There's APE BYD DT CD	Top Oil/Gas Pay									
Elevations (DF, RKB, RT, GR, etc.)	Top Old Cast Pay				Tubing Depth					
Perforations								Depth Casing	Shoe	
	TU	BING, C	CASING AND	CEMENTIN	G RE	CORD				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
		<del></del>	<del></del>		<del></del> -	<del></del>				
TEST DATA AND REQUES  OIL WELL (Test must be after re				ha aawal ta aa a	read t	an allaumhl	a for this	denth or he for	full 24 hours	
Date First New Oil Run To Tank	Date of Test	voisine of	Toda ba una musi	Producing Met					<i>y</i> =1 = 1	·
ength of Test	Tubing Press.	TLG.		Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF		
		<del></del>					<u></u>		<u>.</u>	
GAS WELL Actual Prod. Test - MCF/D	Length of Tea		Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Press	(۵	Casing Pressure (Shut-in)				Choke Size			
/I. 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.				OIL CONSERVATION DIVISION JUN - 1 1993  Date Approved					1993 SEXTON	N
Signature Jim L. Jacobs	Ву	<del></del>	0151	KICLI	JULEW A130	···	<del></del>			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

\_5/26/93 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

325-1821

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.