monate Distinct Office Box 1980, Hobbs, NM 88240

TRICTI

Energy, Minerals and Natural Resources Department

Revised 1-1-89 at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Drawer DD, Artesia, NM 88210

TRICT III O Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

erator								Well Al	'I No.		1	
Kerr-McGee Corpo:	ration											
dress												
P.O. Box 11050	Mid!	Land,	ТX	797	02							
ason(s) for Filing (Check proper box)						XX Other	r (Please explai					
w Well	Change in Transporter of:						Change in transporter					
completion	Oil		Dry G	àı	Ц						}	
ange in Operator	Casinghead	Gus 🖸	Conde	enmie								
hange of operator give name address of previous operator											<del></del>	
DESCRIPTION OF WELL A	NDIEA	CIT.										
DESCRIPTION OF WELL A	Well No.   Pool Name, Including				g Formation   Kind of			Lease No.				
				San Andres) State, i			Federal or Fee OG-1062					
CM Chaveroo SA Unit			Cite	avel	00 (	Dan mar	<u> </u>	<del></del>		1 3 3 3 3		
Unit Letter I	. 1980	n	F 1	r 7	n.	South Line	and 660	0 Fee	t From The	East	Line	
Unit Letter	:		. rea i	riom .								
Section 2 Township	8S		Range	e	33E	, NN	APM,	Chav	es		County	
							_					
I. DESIGNATION OF TRANS	PORTE	R OF O	IL A	ND N	NATU	RAL GAS				<del></del>		
ame of Authorized Transporter of Oil Y or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Mobil Pipeline Corporation									rx 75221			
ame of Authorized Transporter of Casing	read Gas	$\square$	or Dr	ry Gas		1			copy of this form	1 15 to be se	nt)	
Trident NGL, Inc.							ox 50250	Mid1	and, TX	79710		
well produces oil or liquids,	Unit	Twp. Rgc.		Is gas actually connected?		When	When ?					
location of tanks. E 2					33E	yes		I	1/67			
this production is commingled with that fi	om any oth	er lease or	pool, g	give co	ommingl	ing order numb	<b>)</b>					
. COMPLETION DATA										<del></del>	nier n	
Designate Time of Completion	$\sim$	Oil Wel	1	Gas	Well	New Well	Workover	Deepen	Plug Back   S	ime Res'v	Diff Res'v	
Designate Type of Completion -		1				Total Depth	L	L	P.B.T.D.		<u> </u>	
ate Spudded	Date Comp	n. Keady t	o Proc.	-		Total Depai			P.B. I.D.			
					Top Oil/Gas	Pav	<del></del>	This Date				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Cas	. <b>.</b> ,		Tubing Depth				
						<u> </u>	<del></del>		Depth Casing	Shoe		
erforations									Depart Casing	J. C.		
					43.70	CEL CEL PIE	NC PECOP		!			
	TUBING, CASING AND					CEMENTI			CA	OLOVO OFLICHT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
	·					<del> </del> -						
. TEST DATA AND REQUES	T FOR	IIAW	ARI	F		<u> </u>						
	1 FUR A	val value	and less	ad ail a	and mue	t he equal to o	exceed ton all	owable for the	s depth or be for	r full 24 hou	ors.)	
IL WELL (Test must be after revalue First New Oil Run To Tank	Date of Te		e 0) 100	1000	2714 77443	Producing M	ethod (Flow, pr	ump, eas lift.	etc.)	J		
Zie First New Oil Ruit 10 12mk	Date of Te	M					(	7.6	•			
angle of Test	Tuhing Pressure					Casing Press	ure		Choke Size			
ength of Test	Tubing Pressure						•		1			
and Pend During Test Oil Bble					Water - Bbls	<u> </u>		Gas- MCF				
ctual Prod. During Test	Prod. During Test Oil - Bbls.											
	<del></del>					<u>.                                    </u>			.1		-	
GAS WELL						Thu			Carrier of Ca	nder more		
ictual Prod. Test - MCF/D	Length of Test					Bbls. Conde	nsate/MMCF		Gravity of Condensate			
					Carles Dans	/Ch.ut in\		Choke Size				
sting Method (puot, back pr.)  Tubing Pressure (Shut-in)					Casing Presi	aure (Shut-in)		Choice Size				
						<del></del>						
/I. OPERATOR CERTIFIC					E			NCERV	ATION F	)VISIVIC	NC	
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.					_	00 ( 04 <b>1991</b> .						
is true and complete to the best of my knowledge and belief.					Date	Date Approved						
	K	<i>t</i>										
Judy I - enlow						By_	By <u>Calcinus</u>					
Signature  Judy Benton Analyst II						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Printed Name			Tiu			Title	•	'	** * * * * *			
October 1, 1991		915/				''''						
Date		T	elephod	ne No.								

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.