INC. COURCE monate District Office Box 1980, Hobbs, NM 88240

TRICTI

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

TRICT III 0 Rio Brazos Rd., Aztec, NM 87410

Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZAT	10N
TO TRANSPORT OIL AND NATURAL GAS	
	Well API No.

Kerr-McGee Corpo	ration										
iress						<del></del>					
P.O. Box 11050	Midland	i, TX	79	9702	XX Orba	(Please explain					
ison(s) for Filing (Check proper box)	_				XX Other	Change i		norter			
well $\square$	•	ge in Trans	•	r or:		Change 1	n crans	JOICCI			
completion $\Box$	Oil Casinghead Gas	Dry									
ange in Operator	Catangnesia Cas	<u> </u>	осим								
nange of operator give name address of previous operator	<del> </del>										
DESCRIPTION OF WELL A	ND LEASE						17:- 4 -4		1 7 -	ase No.	
ase Name	Well	1			g Formation		Kind of	ederal or Fee			
M Chaveroo SA Unit	11	1 Ch	nave	eroo (	San Andr	<u>es)</u> _			0G-1	J6Z	
cation	000			c	outh	and 66	Λ <sub>Ε</sub>	t From The	West	Line	
Unit Letter M	:990	Fee	t Fron	n The	outh Line	and	<u> </u>	t From The			
Section 2 Township	8s	Ran	nge	33E	, NA	IPM,	Chave	es	<del></del>	County	
. DESIGNATION OF TRANS	epopere o		A NID	NATTI	RAT. GAS	•				_	
. DESIGNATION OF TRANS		ondensate		7	Address (Giv	e address to whi	ich approved	copy of this for	m is 10 be se	nt)	
Mobil Pipeline Corporation						P.O. Box 900, Dallas, TX 75221					
ame of Authorized Transporter of Casing		orl	Dry G	28 🔲	1	e address to wh				rt)	
Trident NGL, Inc.						ox 50250		and, TX	79 <b>7</b> 10	<del></del>	
well produces oil or liquids, e location of tanks.	Unit Sec. E 2	Tw	p. SS	<b>Rge.</b> 33E	Is gas actually yes	y connected?	When	? 1/6	7		
his production is commingled with that f	rom any other lea	se or pool	, give	commingl	ing order num	per:					
. COMPLETION DATA	[Oil	Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)				<u> </u>	<u> </u>	<u> </u>	i		1	
ate Spudded	Date Compl. Re	ady to Pro	xd.		Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Pay		Tubing Depth				
erforations	J				<u> </u>			Depth Casing	Shoe		
					<del></del>	<del></del>	_				
					CEMENTI	NG RECOR	.D		ACKS CEM	ENT	
HOLE SIZE	CASING	& TUBI	NG S	IZE	<del> </del>	DEPTH SET		3	ACKS CEN	ENI	
	1				<del> </del>			+			
				· · -—··							
. TEST DATA AND REQUE	T FOR ALL	OWAB	LE								
IL WELL (Test must be after	ecovery of total w	olume of l	load o	il and mus	t be equal to o	r exceed top all	owable for the	is depth or be f	or full 24 ho	<u> </u>	
rate First New Oil Run To Tank	Date of Test				Producing M	lethod (Flow, p	urp, gas iyi,	E16./			
ength of Test	Tubing Pressure	Tuhing Pressure			Casing Press	sure	<del>_</del>	Choke Size			
~up=: v: 1		THOURE TICESTIC									
ctual Prod. During Test	Oil - Bbls.		Water - Bbl	<b>L</b>		Gas- MCF					
GAS WELL	<u>!</u>					<del> </del>		1	_ <del></del>		
crual Prod. Test - MCF/D	Length of Test	<del></del>			Bbis. Conde	nate/MMCF		Gravity of C	Condensate		
<del>-</del>											
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	sure (Shut-in)		Choke Size	Choke Size			
T. OPERATOR CERTIFIC	CATE OF C	OMPL	IAN	ICE		OIL COI	NCEDV	ATION	ואופוי	ON.	
I hereby certify that the rules and regu	iations of the Oil	Conservat	tion			OIL OUI	NOENV	AHON	۱۷ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱	<b>-</b> 11	
Division have been complied with and is true and complete to the best of my	that the informat knowledge and b	ion given elief.	above		Dat	e Approve	ed	00T 0	4 199		
Out of	Senton								113	•	
Signature				<del></del>	∥ By.	- UKP311	BRIDGE I				
Printed Name	At	nalyst T	<u> </u>	<u> </u>	Title						
October 1, 1991	9:	15/688	3-70			d					
Date		Teleph									

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.
- 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.