

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form O-104  
Revised 10-1-78

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| DATE                   |  |
| FILE                   |  |
| FILE NO.               |  |
| FIELD OFFICE           |  |
| TRANSPORTER            |  |
| OIL                    |  |
| NATURAL GAS            |  |
| OPERATOR               |  |
| REGISTRATION OFFICE    |  |
| REGULATOR              |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chama Petroleum Company

Address  
P.O. Box 31405, Dallas, Texas 75231

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input type="checkbox"/>            |

Other (Please explain)

CHANGE OF OIL TRANSPORTER  
EFFECTIVE MARCH 1, 1984Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                       |           |
|-----------------|----------|--------------------------------|-----------------------|-----------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No. |
| Skinner Federal | 2        | Cato San Andres                | State, Federal or Fee | NM-142321 |

Location  
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The EastLine of Section 8 Township 8 South Range 30 East , NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Koch Oil Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1558, Breckenridge, Texas 76024

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Cities Service Oil Company

Address (Give address to which approved copy of this form is to be sent)

Bartlesville, Oklahoma

Well produces oil or liquids,  
give location of tanks.

|      |      |      |      |
|------|------|------|------|
| Unit | Sec. | Twp. | Rge. |
| P    | 5    | 8    | 30   |

Is gas actually connected?

Yes

When

August 1, 1968

this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |         |             |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|---------|-------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Shut-In | Drill Heavy |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.S.T.D.          |         |             |
| Deviation (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |         |             |
| Perforations                       |                             |          |                 |          |        | Depth Casing Head |         |             |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | BACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL (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)

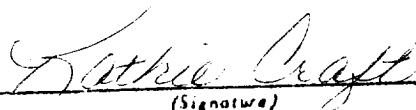
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## 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.



Kathie Craft, Production Secretary

(Title)

March 6, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 13 1984  
ORIGINAL SIGNED BY JERRY SEXTON  
BY DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.