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| SANTA FE               |     |
| FILE                   |     |
| U.S.S.                 |     |
| LAND OFFICE            |     |
| TRANSPORTER            | Oil |
|                        | Gas |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |
| Operator               |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CHAMA PETROLEUM COMPANY

Address  
5015 Tracy Street, Dallas, Texas 75205

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CHANGE IN OWNERSHIP AND OPERATOR  
EFFECTIVE JULY 1, 1979If change of ownership give name  
and address of previous owner.

Petro Grande, Incorporated, 4219 Sigma Road, Dallas, Texas 75234

## DESCRIPTION OF WELL AND LEASE

|                               |                     |                                                   |                                                |                        |
|-------------------------------|---------------------|---------------------------------------------------|------------------------------------------------|------------------------|
| Lease Name<br>Skinner-Federal | Well No.<br>2       | Pool Name, Including Formation<br>Cato San Andres | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM-014232 |
| Location                      |                     |                                                   |                                                |                        |
| Unit Letter<br>B              | 660                 | Feet From The<br>North                            | Line and<br>1980                               | Feet From The<br>East  |
| Line of Section<br>8          | Township<br>8 South | Range<br>30 East                                  | NMPM,<br>Chaves                                | County                 |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                        |                                                                                                                |           |           |            |                                   |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------|-----------|------------|-----------------------------------|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Mobil Oil Company                  | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 900, Dallas, Texas 75221 |           |           |            |                                   |                        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Cities Service Oil Company | Address (Give address to which approved copy of this form is to be sent)<br>Bartlesville, Oklahoma             |           |           |            |                                   |                        |
| If well produces oil or liquids,<br>give location of tanks.                                                                                            | Unit<br>P                                                                                                      | Sec.<br>5 | Twp.<br>8 | Rge.<br>30 | Is gas actually connected?<br>Yes | When<br>August 1, 1968 |

If 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         | Same Test | Well Road |
| Date Spudded                                | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |           |           |
| Elevations (D.F., R.R.B., R.T., G.R., etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |           |           |
| Perforations                                |                             |          |                 |          |        | Depth Casing Shoe |           |           |

## TUBING, CASING, AND CEMENTING RECORD

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

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of lead 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.

  
Charles E. Nearburg  
(Signature)  
President

October 12, 1979

(Date)

## OIL CONSERVATION DIVISION

OCT 29 1979

APPROVED

BY

D. G. Signed by  
Harry Sexton  
Dist. 1, Supv.

TITLE

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

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

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

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

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