	NO. OF COPIES RECEIVED			
	DISTRIBUTION '		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL GAS	
	LAND OFFICE			
1.	PRORATION OFFICE			
	Operator Union Pacific Resources Company			
	Address			
	1400 Smith Street, Suite 1500, Houston, TX 77002 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Oil Dry Gas Company name change only. Change in Ownership Casinghead Gas Condensate			
	and address of previous owner	'hamplin Petroleum Compan	y, 1400 Smith St., Suite	1500, Houston, TX
11.	DESCRIPTION OF WELL AND I	LEASE Well No.; Pool Name, Including Fo	rmation Kind of Lease	
	Lease Name State 5-8-33	13 Chaveroo (Sa		Fee State NM 5144
	Location		·	Uoct
	Unit Letter N 660 Feet From The South Line and 1980 Feet From The West			
	Line of Section 5 Tow	mship 8-S Bange 3	3-E , NMPM, Chav	es County
111	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GAS	s	
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Maliel Pipaline Name of Asthorized Transported of Casinghead Gas x or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Cities Service Comp	bany	Box 300, Tulsa, OK 741	02
	If well produces cil or liquids, give location of tanks.	Unit Sec. Twp. Eqe. G 5 8-S 33-E	Is gas actually connected? When Yes 12-	19-76
	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen F	lig Back Same Rest . Diff. Rest
	Date Spudded	Date Compi. Ready to Prod.	Total Depth F	э.в.т.р.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	ubing Cepth
	Perforations			Cepth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.j
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF
	GAS WELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1a)	Choke Size
			OIL CONSERVAT	ION COMMISSION
VI.	. CERTIFICATE OF COMPLIANCE		<u><u><u>0</u></u><u>0</u><u>7</u><u>9</u><u>0</u><u>100</u><u>7</u><u>0</u></u>	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Eddia W. Seav	
	commission have been complied with and that the movied ge and belief. above is true and complete to the best of my knowledge and belief.		oil & Gas Inspector	
	\sim		TITLE	
	Mailin Day		This form is to be filed in co	mpliance with RULE 1104.
	(Signgture) well, this tests tal		If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with $RULE$ 111.	
			All sections of this form must	t be filled out completely for all
		itle)	able on new and recompleted wel	ls.

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September 18, 1987 (Date)

Fill out only Sections I, II, III, and VI for changes of owr well name or number, or transporter, or other such change of condit: Secure Forms C-104 must be filed for each pool in multi-