3.	NO. DE COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATO? PRORATO, NOTFICE Operator	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 S
	Natomas North America Address 1 West Third Street, 1 Reason, a, for thing (Check proper box) New Well Becompletion Change 1:00 eiship If change T ownership give name and address of previous owner	Suite 900 - Tulsa, Oklah Change In Transporter of: Oil X Dry Ga Casinghead Gas Conden	other (Please explain)	
	DESCRIPTION OF WELL AND I	EASE		
13.	Leise Name	Well No.: Pool Name, Including Fo	State Federal (	Dr Fee State G5484
	Maljamar North Unit	4 West Kemnitz-L	ower Wolfcamp	<u> </u>
	Unit Latter E : 2180 Feet From The North Line and 660 Feet From The West			
	Line o. Section 31 Tow	mship 16S Range 33	E , NMPM, Lea	County
			<u> </u>	
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Charter Crude Oil Company		P.O. Box 5008. Houston, Texas 77012 Address (Give address to which approved copy of this form is to be sent)	
	Namelo Authorized Transporter of Casinghead Gas 🔀 or Dry Gas			
	Linit Sec Two, Bae, Is		Phillips Bldg., Bartlesville, Oklahoma	
	If well produces oil or liquids, give location of tanks.	G 31 16S 33E	1	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
JV.	COMPLETION DATA	Ofl Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completio	<u></u>	Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oti/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Perforations			
			D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		OD ATTOWARTE (Test must be	i ifter recovery of total volume of load cil.a	nd must be equal to or exceed top allow
ν.	able for this depth or be for full 24 hours) OII, WELL			
	Date First New Oil Run To Tanks	Date of Test	Producing Marnod (1.1000, pump, gos).	
	Length of Test	Tubing Preasure	Casing Pressure	Choke Size
		Oil-Bbls.	Water-Bble.	Gas-MOF
	Actual Prod. During Test			
	GAS WELL	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Lendin of Lend		
	Testing Mathod (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size
			OIL CONSERVATION COMMISSION	
VI.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		NOV 1 5 1092	
			APPROVED	
	Commission have been complied with and that the information group above is true and complete to the best of my knowledge and belief.		BY Cadre W Alan	
			TITLE OIL & GAS INSPECTOR	
			This form is to be filed in compliance with RULE 1104.	
	Clacy Conrick		If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation	
	(Signature) Operations Administrator 11-05-82		well, this form must be accompance with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
	Operations Administrator 11-05-82 (Title)		All sections of this form must be thisd out completely the	

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