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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Santa	i Fe, Nev	v Me	exico 8750	14-2088					
I.	REQU	EST FOF	R ALLOV	VAE	BLE AND	AUTHORIZ	ZATION				
Operator .		OTRAN	SPORT	OIL	AND NA	TURAL GA					
Chuza Operating	g				W			Vell API No. 30-025-01646			
Post Office Box	51010	, Midla	and, I	'ex	as 7971	.0					
Reason(s) for Filing (Check proper box) New Well		Chanca in T-				T (Please expla		·			
Recompletion	Oil	Change in Tra				anges e vember					
Change in Operator		I Gas 🔲 Co	ondensate								
If change of operator give name and address of previous operator	exco,	Inc.,	Post 0	EE	ice Box	481, A	rtesi	i, NM 882	211-04	181	
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Includi							of Lease Fed. Lease No.			
McElvain Fed. Se	ec. 25 1 E-K-Y							State, Federal or Fee NM-024524			
Unit Letter B	_ :	660 Fe	et From The	e	NLine	and198	.0 Fe	et From The	Е	Line	
Section 25 Township	,	185 _{R:}	inge	33	E, NA	ирм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NA	TU	RAL GAS						
Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transport (G.)						P. O. Box 2436, Abilene, TX 79604					
	, Read (124	or	Dry Gas [Address (Giw	e address to wh	ich approved	copy of this form	is to be se	nd)	
If well produces oil or liquids, give location of tanks.	I B I 25 1881 33E			Is gas actually connected? When			?				
If this production is commingled with that if IV. COMPLETION DATA	rom any other	er lease or poo	l, give com	mingl	ing order numb	er:					
TO COMPLETION DATA	··	Oil Well	<u> </u>								
Designate Type of Completion		i	Gas We	:11	New Well	Workover	Deepen I	Plug Back Sau	me Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to Pro	od.		Total Depth		<u> </u>	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
Perforations								Tubing Depth			
2 WI COMMUNITY							······	Depth Casing Si	noe		
	T	UBING, CA	ASING A	ND	CEMENTIN	NG RECORI	<u> </u>		 -		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						·· ····	-		.		
V. TEST DATA AND REQUES OIL WELL Test must be after re	T FOR A	LLOWAB	LE					<u> </u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume of l	oad oil and	must	be equal to or	exceed top allo thod (Flow, pu	wable for thi	s depth or be for f	ull 24 hour	s.)	
I					. roading int	and (Fion, pu	тф, даз іўі, а	uc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>				<u> </u>		·	<u> </u>	· · · - <u>· · · · · · · · · · · · · · · ·</u>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					(4.14.12)			Choice Size			
VL OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE					· - · - ·			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Det	A	, Ní	OV 10 199	B		
Revecca Rob	~~~~				Date	Approved			<u> </u>		
Signature)		_	Bv	OPI	GINAI SIF	NED BY JER	Y SEXT	ON	
Rebecca Robinson		Agen		_	-, _			CT I SUPERVI			
November 1, 1993	/E0E	Tid - 746			Title.						
Date		Telepho		-							

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.
- 2) 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



OFFICE