

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chi Operating, Inc.		Well API No. 30-025-31697
Address P. O. Box 1799, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bison State	Well No. 2	Pool Name, Including Formation Buffalo Queen	Kind of Lease <i>State</i> State Federal or Fee	Lease No. VB-97
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2100</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>33-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) ECM Energy Corp P.O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 32	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	When? 10-15-92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/10/92	Date Compl. Ready to Prod. 10/15/92		Total Depth 4,615'		P.B.T.D. 4,555'			
Elevations (DF, RKB, RT, GR, etc.) 3732.5 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4,458		Tubing Depth 4,500'			
Perforations 4458 to 4465					Depth Casing Shoe 4,615'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		365'		320 SKS C			
7 7/8"	5 1/2"		4,615'		1,150 SKS C			

V. 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 Tank 10/21/92	Date of Test 10/31/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size n/a
Actual Prod. During Test	Oil - Bbls. 24	Water - Bbls. 18	Gas- MCF 65

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

VI. OPERATOR 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.


Signature
David H. Harrison President
Printed Name
11/21/92 (915) 685-5001
Date Telephone No.

OIL CONSERVATION DIVISION
DEC 22 '92

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.