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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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REOL	IEST FO	OR A	I I OWA!	BLE AND	Δί ΙΤ	HORE	ZATION	1				
I.					AND NA								
Operator				<u> </u>		· · ·			I API No.				
Chance Properties	30				30-025-035	0-025-03511							
Addressc/o Oil Reports &			Inc	•									
P.O. Box 755, Hobbs	5, NM 8	38241				(D)		2-1					
Reason(s) for Filing (Check proper box) New Well		Change in	Transn	orter of:		61 (F#	ease explo	wi)					
Recompletion	Oil		Dry G	1	Effec	tive	e 11/1	1/93					
Change in Operator	Casinghea		Conde										
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL .	AND LE	ASE				_							
Lease Name		Well No. Pool Name, Including								of Lease Lea New March (New 1964) B-2			
Gulf Orcutt		2	Eu	mont Ya	ates, SR	-Qu		3(3)	e, Pennika Chienbenk	Б-4			
Unit Letter G	.:	1650	Feet F	rom The	North Lin	e and	165	50 1	Feet From The	East	Line		
Section 25 Township	21S		Range	35E	, N	мрм,			Lea		County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU									
Name of Authorized Transporter of Oil XX or Condensate EOTT Oil Pipeline Company						Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666							
Name of Authorized Transporter of Casing GPM Gas Corporation	Gas	Address (Give address to which approved copy of this form is to be sent, 4001 Penbrook, Odessa, TX 79762						1)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 25	Twp. 21S	Rge. 35E	is gas actuali Yes	y cons	nected?	Whe		? Prior to 9/1/60			
If this production is commingled with that f	rom any oth	er lease or p	ool, gi	ve commingl	ing order num	ber:							
IV. COMPLETION DATA		louw u			1 57 57 5	1	•) - (a		box n		
Designate Type of Completion -	· (X)	Oil Well	'	Gas Well	New Well	Wa	rkover	Deepen	Plug Back S	ame Kesv	Diff Res'v		
Date Spudded		ol. Ready to	Prod.		Total Depth	<u> </u>		<u>. </u>	P.B.T.D.		1		
•	•	,											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	~		Tubing Depth	Tubing Depth			
Perforations									Depth Casing	Depth Casing Shoe			
			<u> </u>										
NO FORE					CEMENTI			D		SACKS CEMENT			
HOLE SIZE	SING & TU	BING :	5145	<u> </u>	DEP	TH SET		<u> </u>	SACKS CEMENT				
				·····	ļ								
V. TEST DATA AND REQUES											•		
OIL WELL (Test must be after re Date First New Oil Run To Tank			f load	oil and must	Producing Me					full 24 hours	:.)		
Date First New Oil Run 10 13mk	Date of Te	SI.			From City N	A100 (riow, pie	uh, kes idi.	· 616./				
Length of Test	Tubing Pre	ibing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test Oil - Bt				Water - Bbis.				Gas- MCF	Gas- MCF				
GAS WELL					1511		* · * * ·						
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				
IT ODED AMOD CEDMING	4.777			T/T	<u> </u>								
VI. OPERATOR CERTIFICA				NCE	(DIL	CON	SERV	ATION D	IVISIO	N		
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 k					Date	An	proved	4 1JE	C 0 6 199	3			
A Abll.	-					٠,٣							
July / Peter					∥ ву_			RIGINAL	SIGNED BY J	ERRY SEX	TON		
Earen Holler		Agent			-, -			DIS	TRICT I SUPE	RVISOR			
Printed Name 11/9/93	(505	5) 393-	Title 2727		Title		·						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

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P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

STRICT III 00 Rio Brazos Rd., Aztec, NM 87410	REQL	JEST FC	RAL	LOWAE	BLE AND A	AUTHORIZ	ZATION					
		TO TRAI	NSPC	ORT OIL	AND NA	TURAL GA		A DI AV				
rator							Well	API No.	•			
Change Proper						··· <u>·</u> ····						
c/o Oil Repor P.O. Bor 755												
son(s) for Filing (Check proper box)	, RODDS,		<u> </u>	2. 0025	Othe	T (Please expla	iin)		4.4			
w Weil		Change in 3	Lumbou	ter of:								
completion	Oil		Dry Gas		Ei	fective	6/1/92					
inge in Operator X	Casinghea	d Gas	Condens	rate		····						
address of previous operator			s Co.	, Inc.	., One Ri	verfront	Plaza,	Grand	Rapids I	MI 49503		
DESCRIPTION OF WELL see Name	AND LEA		Pool Na	me, Includi	ing Formation		Kind	of Lease	ease No.			
Gulf Orgutt		2	Eumo	ont Yai	tes, 7 R	ivers, Ωı	ieen State,	Federal state	% B-24	44		
ation			•									
Unit LetterG	:_1650)	Feet Fro	m The No	orth Line	and 1650	Fe	et From The	East	Line		
0.5	2.5	•		255			7					
Section 25 Townsh	ip 218	,	Range	35E	, NI	ирм,	Lea			County		
PECICAL TION OF TRAI	NCDADTE	D OF OU	T A NIT	NATTI	DAL CAS							
DESIGNATION OF TRAI ne of Authorized Transporter of Oil	13F OK IE	or Condens		TIAIU		e address to wh	ich approved	l copy of this !	form is to be s	ent)		
-	Shell Pipeline Corporation					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702						
ne of Authorized Transporter of Casin			or Dry (Gas		e address to wh				eni)		
GPM Gas Corpo					4001 Pe	enbrook,	Odessa,	TX 797	62	-41-10-		
vell produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	y connected?	When	. ?				
location of tanks.	В		218	35E	Yes		Pri	ior to 9	/1/60			
is production is commingled with that COMPLETION DATA	from any oth	er lease or p	ool, give	e comming!	ling order numb	xer:						
Designate Time of Completion	· (Y)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion			<u></u>		Total Depth	L	<u> </u>	DRTD	<u> </u>			
e Spudded	Date Comp	pl. Ready to	PTOQ.		I orai Debrii			P.B.T.D.				
mtions (DE DED DT CD)	Name of D	roducing For	mation		Top Oil/Gas I	Pay		Tubing Dep	oth .			
rations (DF, RKB, RT, GR, etc.)	I VALUE OF F	TOTAL TOTAL				•		, wing Dep	Tubing Bepai			
forations					1			Depth Casin	ng Shoe			
	I	TUBING,	CASIN	IG AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CA:	SING & TU	BING S	IZE		DEPTH SET			SACKS CEM	IENT		
								 				
					ļ							
MERCE DAME AND DECLE	CT FOR (A I I OWA	DIE		<u> </u>			J				
TEST DATA AND REQUE WELL (Test must be after	SIFUKA	LLLUWA	BLE	il and more	he equal to or	exceed top allo	wahle for thi	is denth or he	for full 24 hou	urs.)		
WELL (Test must be after	Date of Te		ij ioda o	u ana musi	Producing Me	thod (Flow, pu	ump, eas lift.	etc.)	jor j a.: 2 1 120			
ETHER WEW OH RUE TO TAKE	Date of 16	or.			, see a see	(p=	1.0-20	•				
ngth of Test	Tubing Pre	essure			Casing Pressu	ıre		Choke Size				
v		-			_							
tual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
AS WELL					_ 							
nual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	sate/MMCF		Gravity of	Condensate			
ing Method (pitot, back pr.)	Tubing Pre	essure (Shut-	in)		Casing Press	ire (Shut-in)	-	Choke Size				
•												
OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE				AT: 6: '		~ · ·		
hereby certify that the rules and regu						DIL CON	ISERV			אכ		
Division have been complied with and	i that the info	emation give	n above					IIII.	10'92			
is true and complete to the best of my					Date	Approve	d					
1./ 1	1											
1 course	Julles				By_	OBIGIN	AL SIGNE	D BY JERR	Y SEXTON	l		
Signature Donna Holler			Agent	-	By	- URLWHY	DISTRICT	SUPERVI	OR			
Printed Name			Title		Tille							
7/7/92		505-35		727	Title	•				*		
D-11/1/24			shone N		11							

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