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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbe, NIM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

<u>I.</u>	REGU	ro TR/	UM AL ANSPO	TOWAI	AND NA	AUTHORIZ Turai Ga	ZATION				
Operator Chauron II S A Trac	TO TRANSPORT OIL					TOTIAL CI	Well	Pi No.			
Address						30-025-04929					
P:O. Box 1150, Midlan	d, Texa	s 797	702						•		
Resson(s) for Filing (Check proper box)						et (Please expla					
New Well Recompletion		Change in			Effectiv	e Date:	6/1/9	7/	GE 63 //0		
Change in Operator	Oil Caringhese	. G	Dry Gas Conden			Name: H				vei l	
If change of operator give name				<u></u>	riied Lo	BIIOW UII.	ILIZALIC	on and c	nange In	name.	
and address of previous operator									 	 :	
IL DESCRIPTION OF WELL A		حصضف	In a M			·	1	· · · · · · · · · · · · · · · · · · ·			
Arrowhead Grayburg Uni							Lesse Lesse No.		ISS No.		
Location			•				 -l				
Unit Letter <u>K</u>	198	<u> </u>	Feet Pro	ca The	South Line	1980	Po	et From The _	West	Line	
Section 36 Township	21-	S	Range	36 - E	, NA	APM, Lea				County	
				· · · · · ·							
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conden		NATU			lah annan d				
Shell Pipeline	EX. Of Condensate				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701						
Name of Authorized Transporter of Casing	head Gas	or Dry Gas			Address (Give address to which approved			copy of this form is to be zent)			
Warren Petroleum Co.	*				P.O. Box 1589, Tulsa,			Oklahoma 74102			
If well produces oil or liquids, zive location of tanks.	Valt N	Sec. 36	ZIS	36 £	is gas actually Yes	y connected?	When	7 Unk.			
If this production is commingled with that f	rom any othe	r lease or	pool, give	commingi		er:	!	Ulik.			
IV. COMPLETION DATA											
Designate Type of Completion -	. <i>c</i> co	On Wen		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	<u> </u>	l	P.B.T.D.		.1	
•						Want Children Danie					
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					L	1.73	 	Depth Casing Shoe			
								<u> </u>			
UOLF OTE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	NG & TOBING SIZE			<u> </u>							
								 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	-				<u>!</u>			
OIL WELL (Test must be after re	covery of tol	al volume	of load o	il and must	be equal to or	exceed top allo	wable for thi	depth or be	for full 24 hour	z.)	
Date First New Oil Run To Tank	Date of Test	t			Producing Me	ethod (Flow, pu	mp, gas lift, e	te.)			
Length of Test	sure			Casing Pressure			Choke Size				
								- Des	Gas- MCF		
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			OS- MCL				
	<u> </u>							<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	11 2 4	, ,,,,			Bble, Condes	esia/MMCF		Cravity of C	condensate		
Vetral Log Test - Nacian	Length of Test										
Testing Method (pitot, back pr.)	pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
								<u>!</u>			
VI. OPERATOR CERTIFIC.				CE	(DIL CON	SERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
SM. Bohn	•	•			11	Orig. Signe					
Signature					By Doul Kautz						
D. M. Bohon Technical Assistant					Geologist Title						
. <i>3/28/.7/.</i> (915) 687–7148					ll inte						
Date		Tele	ephone N	0,					·		

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

RECEIVED

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