Submit 5 Copies
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 I-1-89 See Instructions at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	0		P.O.	Box 2088	21 110	1011						
DISTRICT III		Sar	nta Fe, New	Mexico 87	504-2088							
1000 Rio Brazos Rd., Aztec, NM 87	410 REC	UEST FO	OR ALLOW	ABLE AND	OHTUA C	RIZAT	ION					
I. Operator		TO TRA	NSPORT C	DIL AND N	ATURAL	GAS						
Chance Properties								ell API No. 0-025-11591				
Address c/o Oil Reports &	Gas Ser	vices	Inc. Par	755 11 1				×)-11)	71			
Reason(s) for Filing (Check proper be	ax)	******	rice, box	100 HO	ther (Please e	88241						
New Well		Change in	Transporter of:									
Recompletion Change in Operator	Oil Casinghe		Dry Gas Condensate] Effe	ctive 9/	/1/92				·		
If change of operator give name			Box 755.	Uabba 1	V W							
II. DESCRIPTION OF WEI	LL AND LF	CASE	<u> </u>	noobs	vew Mex	.co 88	241					
Lease Name Federal B		Well No. 1	Pool Name, Inclu	iding Formation	·	· ·	Kind o	Lesse		Lease No.		
Location		1 1	Langlie N	Mattix SI	?–QU−GB			ederal di A		60944		
Unit Letter G	:198	30 <u> </u>	Feet From The _	North Li	ne and1	980	Fee	t From The	East	Line		
Section 14 Town	nship 255	5 1	Range 37E	<u>, N</u>	ІМРМ,	Lea				County		
III. DESIGNATION OF TR.	ANSPORTE	ER OF OIL	AND NATI	URAL GAS								
or unmoveren tremphotres of Of	1	Of Condensa	ie 🗀	Address (Gi	ve address to	which app	roved c	opy of this f	form is to be s	ent)		
Name of Authorized Transporter of Ca	Pexas New Mexico Pipe Line Company Jame of Authorized Transporter of Casinghead Gas X or Dry Gas					3, Hob	bs.	NM 882	.VI			
Sid Richardson Carbon	n & Gasol	ine Co.	r Dry Gas	Address (Gi	e address to	which appr	oved c	opy of this f	orm is to be s	ent)		
If well produces oil or liquids,	Unit		wp. Rge	L Is gas actual	cy Bank	Tower	, 20) Main	St., F	t Worth,		
give location of tanks.	i Ai	14	25Si 37E	Yes			When ? 3/24		TX	76101		
If this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or poo	al, give comming	ling order num	ber:							
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	al. Ready to Pr	od.	Total Depth	<u> </u>	-L		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Taking Dead				
Perforations						Tubing Depth						
							E	epth Casing	Shoe	-		
TUBING, CASING A				D CEMENTING RECORD								
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
												
							-					
												
TEST DATA AND REQUE	ST FOR A	LLOWABI	LE									
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total	al volume of lo	ad oil and must	be equal to or	exceed top allo	wable for	this de	pih or be fo	r full 24 hours	s.)		
The state of the s	Date of Test		•	Producing Met	hod (Flow, pu	mp, gas lij	ft, etc.)					
ength of Test	Tubing Pressure			Casing Pressure				Choke Size				
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.				Gas- MCF				
GAS WELL			<u>-</u> l									
ctual Prod. Test - MCF/D	Length of Te	est .		Rhie Condone	-A0100							
					Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
I. OPERATOR CERTIFIC	'ATE OF	COL COL Y	NOT									
I hereby certify that the rules and regul	lations of the Oi	il Conservation	. 1	0	IL CON	SERV	/ A T		11/10101	N.I		
Division have been complied with and	that the informa	ation gives sh	ove			OLIT	7	SEP 1	8,03 10101	V		
is true and complete to the best of my	knowledge and	belief.		Date	Approved	ł		252 7	- J <u>L</u>			
Daney Lille					.hh.0466	·			CEVENN			
Signature		Ву	المصودين	ผล! รเต	CBM	BY JERR	A ZEXION					
Donna Holler Printed Name	By ORIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR											
9/17/92		Title		Title	· · · · · · · · · · · · · · · · · · ·							
Date		505-393-	-2727	• • • • •								

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
- 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.