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 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-041-20024 Chaveroo Operating Company, Inc. c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs NM 88241 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Oil Recompletion Change in Operator Effective 7/1/93 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Focustion For Anderson State 1 Chaveroo San Andres K-3995 Location 660 Feet From The South Line and 1,980 Feet From The \_\_\_\_East Unit Letter \_\_\_ 36 Township 7S 32E , NMPM, Roosevelt Range County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Scurlock Permian Corporation P.O. Box 1183, Houston, TX 77251-1183 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) TY. P.O. Box 1589, Tulsa, OK 74102 Warren Petroleum Co. is gas actually connected? If well produces oil or liquids, give location of tanks. Unit Twp. When? Sec. Rge. 36 l G **1** 7S 32E Yes 11-18-87 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded PRTD Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET **HOLE SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved \_\_SEP 2 8 1993 By ORIGINAL SIGNED BY JERRY SEKTON WIR

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

(505)393

Signature Laren Holler -

September 8,1993

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Agent Title

2727

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.



SEP 2 7 1993

OFFICE