

P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chaveroo Operating Company, Inc.

c/o Oil Reports &amp; Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Filed to void Form C-104 Filed 7/19/84  
changing transporter to Navajo Refining  
Co.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Anderson State	1	Chaveroo San Andres	State, Federal or Fee State	K-3995

Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 36 Township 7S Range 32E, NMPM, Roosevelt County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Mobil Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Cities Service Oil &amp; Gas Corp.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 300, Tulsa, Oklahoma 74102

Does well produce oil or liquids,  
give location of tanks.

Unit	Sec.	Twp.	Rge.
G	36	7S	32E

Is gas actually connected?

Yes

When

11/18/67

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE  
WELL

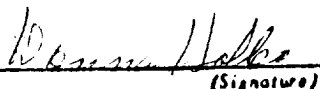
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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  
is true and complete to the best of my knowledge and belief.

(Signature)

Agent

(Title)

8/7/84

(Date)

## OIL CONSERVATION DIVISION

AUG - 9 1984

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY BAXTON  
DISTRICT 1 SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the deviatio  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner  
well name or number, or transporter, or other such change of conditionSeparate Forms C-104 must be filed for each pool in multipl  
completed wells.

RECEIVED

AUG - 8 1984

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION