

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

|                        |  |
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| SANTA FE               |  |
| FILE                   |  |
| U.S.O.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OIL                    |  |
| GAS                    |  |
| OPERATOR               |  |
| PRODUCTION OFFICE      |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Chaveroo Operating Company, Inc.

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

effective May 1, 1984

Change of ownership give name and address of previous owner Monument Resources, Inc., 5100 N. Brookline, Suite 700, Oklahoma City, Oklahoma 77056

DESCRIPTION OF WELL AND LEASE

|                |          |                                |                             |           |
|----------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name     | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease No. |
| Anderson State | 2        | Chaveroo San Andres            | State, Federal or Fee State | K-3995    |

Location

Unit Letter J : 1980 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 ☐ Address (Give address to which approved copy of this form is to be sent)  
Mobil Pipe Line Company P. O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Cities Service Oil & Gas Corp. P. O. Box 300, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
G 36 7S 32E Yes 11/18/67

If 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, GR, 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 OIL 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 |
| Sealing Method (pilot, 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 above is true and complete to the best of my knowledge and belief.

Donna Haller  
(Signature)  
Agent  
(Title)  
5/10/84  
(Date)

OIL CONSERVATION DIVISION

MAY 11 1984

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

ORIGINAL SIGNED BY JERRY SEXTON  
BY \_\_\_\_\_ DISTRICT I 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 deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED  
MAY 10 1984  
C.C.D.  
HOBBS OFFICE

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