

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Chaveroo Operating Company, Inc.

Address
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Effective 8-1-87

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name KMS	Well No. 2	Pool Name, including Formation Chaveroo San Andres	Kind of Lease <u>State</u> Federal or Fee <u>Fee</u>	Lease No. 061017
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>7S</u> Range <u>32E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 36 7S 32E
Is gas actually connected? Yes	When 11-16-67

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

W. B. Smith
(Signature)
Agent
(Title)
7-16-87
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1987, 19
BY Paul Kautz
TITLE Geologist

This form is to be filed in compliance with RULE 100.
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 changes 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 multiple completed wells.

RECEIVED
JUL 16 1987
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HOBBS OFFICE