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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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator C. T.								Well API No.				
Chaveroo Operating Company, Inc.							30-041-20042					
c/o Oil Reports & Gas	Servi	ces, I	nc.,	P.O.	Box 755,	Hobbs N	1 88241					
Reason(s) for Filing (Check proper box)						et (Please expl						
New Well		Change in										
Recompletion	Oil		Dry (									
Change in Operator	Casinghea	nd Gas 🛚 🗓	Cond	lensate 🗌	Effect	ive 7-1-	-93					
f change of operator give name and address of previous operator										<u> </u>		
I. DESCRIPTION OF WELL	AND LE	ASE										
ease Name Well No. Pool Name, Incl				Name, Inclu	ding Formation		Kind of Lease		ease No.			
				veroo	San Andre	State,	State, Federal or Fee		95			
Location												
Unit LetterM	_ : <u>_</u> 5	60	Feet	From The	South Li	e and660	)· Fe	et From The	West	Line		
Section 36 Township	7	c	Dana		32E , <b>n</b>	<b>MPM</b> . Roc	.aarra1+			Cauatu		
Section 5() Township	2	S	Rang	<u> </u>	34 <u>E</u> , N	MPM, ROC	sevelt	· · · · · · · · · · · · · · · · · · ·		County		
II. DESIGNATION OF TRAN	SPORTE			ND NAT	URAL GAS			***				
Name of Authorized Transporter of Oil Scurlock Permian Corp	orario	or Conden	sale		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 Casing		<u></u>	or D	ry Gas		e address to wh						
Warren Petroleum Co.					P.O. Box 1589, Tuls			i, OK 74102				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rg	. Is gas actual		When	When ?				
ive location of tanks.	G	36	75			Yes		11-18-	67			
this production is commingled with that it.  V. COMPLETION DATA	rom any oth	er lease or	pool, g	give commin	gling order num	ber:						
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	· (X)	i	i		i	i	1	1				
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
					•							
Perforations	<u> </u>							Depth Casis	ng Shoe			
					CEMENTI		<u>D</u>	T				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES												
OIL WELL (Test must be after re			of load	d oil and mu					for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te	<b>s</b>			Producing M	sthod (Flow, pu	mp, gas lift, e	tc.)				
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size			
									. 1			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis	Water - Bbis.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	I and -	Test			Bhi Carda	ente/AMCE		Gravity of G	Condensara			
Annual Liver 100; AMPLIN	Length of Test				Date: Carret	Bbls. Condensate/MMCF						
esting Method (pitot, back pr.)	(puot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		NI 001	1055	ATION!	DN (1010	\ \ I		
I hereby certify that the rules and regula						DIL CON				N		
Division have been complied with and t is true, and complete to the best of my k			n abo	ve				P 28 19	193			
is the sub complete to the best of my k	muscage at	ili velici.			Date	Approve	d					
NIND A THUM	~					OBIGIN	AL SIGNE	ם מע ובפה	Y SEXTON			
Signature					∥ By_			SUPERVIS	-			
Laren Holler -			gen									
Printed Name September 8, 1993		(505	1111e 39	93-2727	Title		·		· ÷i¢4- ·•			
Date			phone									

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 with Rule 111.
- 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.

RECEIVED

SEP 2 7 1993

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