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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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Operator									Well API No.				
Chaveroo Operating Company, Inc.							30-041-20043						
Address													
c/o Oil Reports & Gas	Servi	ces, Ir	nc.,	P.O. Bo				41					
Reason(s) for Filing (Check proper box)	~	Channa in	· ~			er (Please expl	ain)						
New Well	Oil	Change in	Dry G										
Recompletion		nd Gas 🔽	. •		ECC.	7/1	/02						
	CAMINGHE	IC CAS (X.)	Conde	assue	Filec	<u>tive 7/1</u>	193						
f change of operator give name and address of previous operator													
I. DESCRIPTION OF WELL AND LEASE										· · · · · · · · · · · · · · · · · · ·			
Lease Name		Well No.   Pool Name, Including							(Lease	,	Lease No.		
Anderson State		4	<u>C</u>	averoo	San Andres			State, Federal or Fee			K-3995		
Location	1.0	200		NT.	4-1-	100	0			E			
Unit LetterG	: 15	980	Feet F	rom The NO	orth Lin	e and $\frac{198}{}$	0	Fe	t From The	<u>East</u>	Line		
Section 36 Townshi	p 75	3	Range	32	2E , N	MPM, Roo	seve.	1 +			County		
J() sowans		<del></del>	200000			1100	DCVC.	<u> </u>					
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU									
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)												
Scurlock Permian Corp		1			P.O. Box 1183, Houston, TX 77251-1183								
Name of Authorized Transporter of Casin Warren Petroleum Co.	ghead Gas	$\square$	or Dry	Gas	Address (Give address to which approved P.O. Box 1589, Tulsa,				copy of this form is to be sent) OK 74102				
If well produces oil or liquids,	Unit	Sec.	Twp.	Roe	Is gas actually connected?			When?					
give location of tanks.	G	36	7S	32E	Yes				11-18-67				
If this production is commingled with that	from any oth	ser lease or	pool, gi	ve comming!	ing order num	ber:							
IV. COMPLETION DATA	<b>-</b>												
Designate Trans of Completion	~~	Oil Well	Ţ	Gas Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		_l	<u>_</u> Ļ		Total Donah	<u> </u>	<u></u>	1			<u> </u>		
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Metadom (DE, And, At, OA, etc.)						'							
Perforations					I				Depth Casin	g Shoe			
	7	rubing,	CASI	NG AND	CEMENTI	NG RECOR	<u> </u>		,				
HOLE SIZE	CA	SING & TI	UBING	SIZE	DEPTH SET				SACKS CEMENT				
	ļ			,									
	<u> </u>												
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE										
OIL WELL (Test must be after t					be equal to or	exceed top all	owable j	for this	depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te					ethod (Flow, po							
									Contraction Circumstance				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
	Oil - Bbis.				Water - Bbis.				Gas- MCF				
Actual Prod. During Test													
	<u></u>				L				1				
GAS WELL	TV and a	T			Dhia Canda	······································			Gravity of C	ondensate			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Glavity of College				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size			
roung reason (paor, out a pr.)		· (	,										
VI. OPERATOR CERTIFIC	ATE OF	COM	OT TAI	VCE	1				,				
				, TCL	(	OIL CON	<b>USE</b>	RV/	NOITA	DIVISIO	N		
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 a	and belief.			Date	Approve	ed	SFI	2810	193			
W. 1. 41/1/	//,							761					
Men alla						By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Laren Holler - Agent						DISTRICT I SUPERVISOR							
Printed Name			Title		Title	•							
September 8, 1993				<del>33-272</del> 7	''''								
Date		Tel	ephone l	No.	]								

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.

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SEP 2 7 1993

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