

INITIALS DEPARTMENT  
 APPROVED  
 DISTRIBUTION  
 SANTA FE  
 FILE  
 M.S.U.  
 LAND OFFICE  
 TRANSPORTER  
 OIL  
 GAS  
 OPERATOR  
 LOCATION OFFICE  
 INITIALS

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

Revised 10-1-78

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:  
 Incompletion ☐ 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: Anderson State Well No.: 9 Pool Name, including Formation: Chaveroo San Andres Kind of Lease: State, Federal or Fee State Lease No.: K-3995

Location

Unit Letter: A ; 660 Feet From The North Line and 660 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 & Gas Corp. Address (Give address to which approved copy of this form is to be sent)  
 P. O. Box 300, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks. Unit: G Sec: 36 Twp: 7S Rge: 32E Is gas actually connected? Yes When: 4/1/68

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.  
 Deviations (DF, RKB, 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 (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

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

(Signature)

Agent  
 (Title)

5/10/84  
 (Date)

OIL CONSERVATION DIVISION

MAY 11 1984

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

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1124.

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 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 condition.

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

RECEIVED  
MAY 10 1984  
OCD  
HOLDS OFFICE