HO. OF COPIES REC	İ		
DISTRIBUTIO			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			

	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMM. ON Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and									
	U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL	AND AUTHORIZATION TO TRANSPORT DIL AND NATURAL GAS									
1.	OPERATOR PROPATION OFFICE										
	Operator  Kavan:au Real Estate Trust Address										
	c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box) New Well Change in Transporter of:										
	Recompletion Change in Ownership	Oil Dry Gas  Casinghead Gas Condens			June 1, 1971						
	If change of ownership give name and address of previous owner	ionitor P	etroleu	m Corpor	ation,	Box 763	, Hobbs,	New Me	xico		
II.	DESCRIPTION OF WELL AND I	Well No.	Pool Name	e, Including Fo	ormation		Kind of Lea	se		Lease No.	
	Anderson State	9	Chave	roo-San	Andres		State, Feder	al or Fee	S tet e	K-3995	
		Feet Fro	om TheN	lorth Line	e and	660	Feet From	The	Eas t		
	Line of Section 36 Tow	nship 7	S	Range	32 E	, NMF	M, Roc	s evelt		County	
III.	DESIGNATION OF TRANSPORT				S	»			731. 6		
	Name of Authorized Transporter of Oil  Mobil Pipe Line Compan	<b>X</b>	Condensate		·		s to which appr		of this form is	o be sent)	
	Name of Authorized Transporter of Cas Cities Service Oil Com	inghead Gas 🦹	or Dry	/ Gas 🗔	Address	Give addres	s to which appr , Oklahor	oved copy	of this form is	o be sent)	
	If well produces oil or liquids,	Unit Sec	1	•		tually conne		hen	4/1/68		
	give location of tanks.  If this production is commingled wit  COMPLETION DATA	<del></del>	6 78		give com		ler number:		1 3		
	Designate Type of Completion		Oil Well	Gas Well	New Well	Workove	Deepen	Plug Bo	rck   Same Re	s'v. Diff. Res'v.	
	Date Spudded Date Compl. Ready to Prod.			Total Depth			P.B.T.	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing	Tubing Depth		
	Perforations							Depth (	Casing Shoe		
	TUBING, CASING, AND				CEMENTING RECORD  DEPTH SET SACKS CEM				MENT		
	HOLE SIZE	CASING & TUBING SIZE									
V.	TEST DATA AND REQUEST FO	OR ALLOWA	ABLE (7	Test must be a	fier recove	ry of total ic	olume of load o	il and must	be equal to or	exceed top allow-	
	able for this dept.				pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure			Casing Pressure			Choke	Choke Size		
	Actual Prod. During Test	Oil-Bbls.			Water - Bb. s.			Gas - M	Gas-MCF		
	Actual Prod. Test-MCF/D	Length of Test			Bbls. Condensate/VMCF			Gravit	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Press	we (Shut:-	-in)	Casing F	ressure (Sh	ut-in)	Choke	Size		
VI.	I. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION JUN 2 3 197						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY_	APPRIVED TIME						
	٠.٨				TITK	,				<i>s</i> r	
	Monna Lalles (Signature)					This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
					well,						
	Agent (Title)					All sections of this form must be filled out completely for allowable on new and recompleted wells.					
(bace)					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						

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JUN 2 2 1971

OIL CONSERVATION COMM.