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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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	Santa re, New Mex				
1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUEST FOR ALLOWABLE TO TRANSPORT OIL A				
Operator					
Chaveroo Operating Co	mpany, Inc.				

I.	HEC				RFF AND							
Operator		TO TRANSPORT OIL AND NATURAL GAS							ii API No.			
Chaveroo Operating	Company							30-041-20090				
Address	_											
c/o Oil Reports & (Reason(s) for Filing (Check proper ba	Gas Serv	rices,	Inc.,	P.O.								
New Well	x)	Change is	n Transcoc	uter of:		net (Please expli	ain)					
Recompletion	Oil		Dry Ga									
Change in Operator		ead Gas 🔯			+ 1 ਸ	fective :	7/1/03					
If change of operator give name					<u>LI.</u>	LECTIONE.	(11/33					
and address of previous operator								******				
IL DESCRIPTION OF WEI	L AND L		·									
Lease Name CWS		Well No.						d of Lease No.				
Location		1 1] CI	Chaveroo San Andres Sta					Exercise B-8638			
V		1980		c	South	100	20		T7			
Unit Letter	:	1300	_ Feet Fr	om The _	South Lin	e and $\frac{198}{}$	<u> </u>	eet From The	West	Line		
Section 36 Town	ship	7S	Range	3	32E N	мрм. Вос	sevelt			C		
			Aude		, 14	WIF IVI,	7.36 7 6 2 6			County		
III. DESIGNATION OF TR	ANSPORT	ER OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oi	1 X 1	or Conde	sate		Address (Giv	e address to wh	ich approved	copy of this fe	orm is to be s	eni)		
Scurlock Permian Co						80x 1183						
Name of Authorized Transporter of Ca Warren Petroleum Co	singhead Gas	\square	or Dry	Gas	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	ent)		
If well produces oil or liquids,	Unit	Sec.	Twp.	l Bas		lox 1589,		<u></u>	02			
give location of tanks.	i K	36	7S	Rge. 321	is gas actually	Yes	When	5-6-68				
If this production is commingled with the						ies er		J () ()				
IV. COMPLETION DATA			Poort 81				···					
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		_1	i		<u> </u>							
Date Spudded	Date Con	npl. Ready to	Prod.		Total Depth			P.B.T.D.				
Elumina (DE DED DE CD												
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					1	·		Depth Casing Shoe				
								Dopus Casing	, silve			
	- ****	TUBING,	CASIN	IG AND	CEMENTIN	NG RECORI	5	.1				
HOLE SIZE		ASING & TL			 	DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQU	FST FOD	ALLOWA	RIF					<u></u>				
OIL WELL (Test must be after				l and must	he equal to as	exceed too allo	unhle for this	denth or he fi	or full 24 hour	pe)		
Date First New Oil Run To Tank	Date of To		, , , , , , , , , , , , , , , , , , , 			thod (Flow, pur			7 Jul. 24 NOW	3.)		
						, .,		•				
Length of Test	Tubing Pr	essure			Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF						
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	7-1-7-	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
esting Method (pitot, back pr.)	lubing Pr											
T OPER A MOR CORP.					1			l				
VI. OPERATOR CERTIFI				CE	ر اا	IL CON	SERVA	ATION F	אואופור	MI		
I hereby certify that the rules and reg Division have been complied with an	ulations of the	Oil Conserv	ation			IL OON		TIONE		/1 N		
is time and complete to the less of m	y knowledge a	nd belief.			D-1-	A	, SEF	28 19	93			
XX 1 JUIN					Date	Approved		100	-			
/ UNIN THE EL	L					OPIG	INAL CIA	NED DV				
Signature Laren Holler -					Ву	- ORIG	DICTOIC	NED BY JEI	RRY SEXTO	<u>אכ</u>		
Printed Name		Ag	ent Title				-13171	· · · JUPEK\	113UK			
September 8, 1993		(505	Title) 393	-2727	Title_	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.

Telephone No.

- 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.

RECEIVITY

SEP 2 7 1993

OFFICE