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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST 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 ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Filed to void Form C-104 Filed 7/19/84
changing transporter to Navajo Refining
Co.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

NM-0533777A

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Humble Federal	2	Chaveroo San Andres	State, Federal or Fee Federal	Above

Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The WestLine of Section 25 Township 7S Range 32E , NMPM, Roosevelt County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil & Gas Corp.	P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>E</u> <u>25</u> <u>7S</u> <u>32E</u>	<u>Yes</u> <u>12/16/68</u>

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (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
OIL WELL (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

AS 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

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 and belief.Donna Halls
(Signature)

Agent

(Title)

8/7/84

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG - 9 1984

ORIGINAL SIGNED BY UNIT SECTION

BY

DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
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 own-
er, well name or number, or transporter, or other such change of conditio-Separate Forms C-104 must be filed for each pool in multiple
completed wells.