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DISTRIBUTION			-
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

	SANTA FE	REQUEST FOR ALLOWABLE AND			Form C-104	Form C-104 Supersedes Old C-104 and C-11		
	FILE				Effective 1-1-6	55		
	U.S.G.S.	AUTHORIZATION TO TRA	s					
	LAND OFFICE	1						
	TRANSPORTER OIL	4						
	GAS OPERATOR	4						
	PRORATION OFFICE	+						
1.	Operator							
	Kavanau Real Estate Tru	st						
	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: Reffective June 1 1971							
	Recompletion							
	Change in Ownership	Casinghead Gas Conde	 					
			 1					
	If change of ownership give name and address of previous owner	Monitor Petroleum Corpor	cation. Box 763	Hobbs Ne	nr Mexico 882/	ro.		
		_						
II.	DESCRIPTION OF WELL AND	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name Leas						
	1			1	Fee Federal	Lease No.		
	Humble Federal	2 Chaveroo-Se	II Andres		Ledelar	Above		
	Unit Letter R ; 198	O Feet From The North Lir	ne and 660	Feet From The	West	į		
	Ont Letter 198	reet from theLir	ie did	reet riom ine				
	Line of Section 25 Tow	wnship 7 S Range	2 E , NMP	M, Roose	velt	County		
III.	DESIGNATION OF TRANSPORT		Address (Give address	to which approved	l conv of this form is t	0 \$ 0 0000		
	Mobil Pipe Line Compan	-	Box 900, Dal		i copy of this form is t	o be sent)		
	Name of Authorized Transporter of Cas		Address (Give address		l copy of this form is t	o be sent)		
	Cities Service Oil Com		Bartlesville			ŕ		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connec					
	give location of tanks.	E 25 75 32E	Yes		12/16/68			
	If this production is commingled wit	th that from any other lease or pool,	give commingling ord			1		
IV.	COMPLETION DATA							
	Designate Type of Completic	on - (X)	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.			
	Date Spudged	Date Compi. Iteday to Prod.	Total Deptii	•				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	-	Tubing Depth			
	Perforations			I	Depth Casing Shoe			
		TUBING, CASING, AND						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	SET	SACKS CEM	IENT		
			1					
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total vol	ume of load oil and	i must be equal to or e	xceed top allow-		
• •	OIL WELL	able for this de	pth or be for full 24 hou	rs)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	ow, pump, gas lift,	etc.j			
	Length of Test	Tubing Pressure	Casing Pressure	- 10	Choke Size			
	Length of lest	. using i issue						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF			
			-					
	GAS WELL		T =					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF (Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size			
	1 48 thing Markod (pros. 5 acre proy	Table (and a second)						
3/1	CERTIFICATE OF COMPLIAN	TE .	OIL	CONSERVAT	ION COMMISSION			
VI.	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.			OIL CONSERVATION COMMISSION APPROVED				
			APPROVED					
			The same					
	above is true and complete to the	pest of my knowledge and belief.	BY	T/ W				
			TITLE STIDE	HVISOR I	STRICT !			
$I\Lambda$ 11 $\Lambda\Lambda$			This form is t	This form is to be filed in compliance with RULE 1104.				
	Would	Lolled	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					
	(Signa	well, this form mu tests taken on the	st de accompanie well in accorda	ed by a tabulation of nice with RULE 111	· rua daniminu			
Agent. (Title)			All sections of	of this form must	be filled out comple	tely for allow-		
			able on new and recompleted wells.					

Fifl 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

to expense

(Tom. 5

RECEIVED

JUN 221971

OIL CONSERVATION COMM. HOBES, N. M.