HO. OF COPIES RECE	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

}	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
ŀ	FILE	X2402011	AND	Effective 1-1-65		
Ì	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
İ	LAND OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	OIL					
ŀ	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	Kavanau Real Estate Tr	ust				
	e/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240					
	Reason(s) for filing (Check proper box)	services, Tuc. pox (0)	Other (Please explain)			
		Change in Transporter of:	_ Effective June 1	1071		
	New Well Recompletion	Oil Dry Gas	1 1 1	9 ±77±		
	Change in Ownership	Casinghead Gas Condens	sate			
	Change in Switching					
	If change of ownership give name	onitor Petroleum Corpora	tion. Box 763. Hobbs. N	ew Mexico 88240		
	and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE  NM-0533777-A					
	Lease Name	Well No. Pool Name, Including Fo	State Federa	1 as Fac		
	Humble Federal	3 Chaverco-S	an Andres	Federal Above		
	Location	do Nambh	e and 660Feet From 3	The East		
	Unit Letter H ; 19	80 Feet From The North Line	e and 660 Feet From 7	The		
	Line of Section 26 Tow	mship <b>7 S</b> Range	32 E , NMPM, Ro	osevelt County		
	Line of Section 20 Tow	namp / D				
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)		
	Mobil Pipe Line Compan	у	Box 900 Dallas Texa	and conv of this form is to be sent!		
	Name of Authorized Transporter of Cas	inghead Gas 🌠 or Dry Gas 🦳				
	Cities Service Oil Com		Bartlesville, Oklahom Is gas actually connected?	en en		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.				
	give location of tanks.	E 25 78 32E	Yes	12/16/68		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	n = (X)				
	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		
			<u> </u>	Depth Casing Shoe		
	Perforations			Depth Gasing Shoo		
		TURING CASING AND	CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
	TEST DATA AND PROJEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
•	OIL WELL	2000 70 0000	pth or be for full 24 hours)  Producing Method (Flow, pump, gas l			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pamp, gos	.,.,,		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I doing Pleasant				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	Actual Prod. During 1991					
	GAS WELL			Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Differ 1-)			
			OII CONSERV	ATION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE				
APPROVED JUN 2 3 1971			, 19			
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given				
	above is true and complete to th	e best of my knowledge and belief.	BY STOPPING	A PUSTRICT !		
	TITLE/					
	£ .	44		compliance with RULE 1104.		
	Donna,	11 nolla		ameble for a newly drilled or deepened		
	Would	yeur	well, this form must be accomp	panied by a tabulation of the deviation		

the Malla	
Agent	
6/18/71	
	Donna Holles (Signature)  Agent (Title) 6/18/71

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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

TEI \* 1 \* 197

RECEIVED

JUN 2 21971
OIL CONSERVATION COMM.
HOBES, N. M.