| STATE OF NEW MEXICO<br>ERGY AND MINERALS DEPARTMENT                   | OIL CONSERVATION DIVISIC   |   |                  | Form C-104<br>Revised 10-1-78                            |                  |
|---|--|---|------------------|--|------------------|
|   | SANTA FE, NEW  |   |                  |  |                  |
| U 1.0.1.  | REQUEST FOR ALLOWABLE<br>AND   |   |                  |  |                  |
| DAL<br>DPTHATOR<br>PRONATION OFFICE                                   | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |   |                  |  |                  |
| Chaveroo Operating Comp   | any, Inc.  |   |                  |  |                  |
| c/o Oil Reports & Gas S   | ervices, Inc., P. O. Box   | 763, Hobbs, NM  | 88241            |  |                  |
| Reason(s) for filing (Check proper box<br>New Well                    | Change in Transporter of:  |   |                  |  |                  |
| Recompletion<br>Change in Ownership                                   | Cit Dry Ga<br>Casinghead Gas Conden  | E I   |                  |  |                  |
| If change of ownership give name<br>and address of previous owner     |  |   |                  | · •••  |                  |
| DESCRIPTION OF WELL AND   | LEASE<br>  Well No.   Pool Name, Including Fo  |   | Kind of Lease    | NM-0108997-B   | Lease No.        |
| Lease Name<br>Farrell Federal   | 20 Chaveroo San A  |   |                  | or Foo Federal   | Above            |
| Unit Letter E : 265   | 30 Feet From The North Lin   | • and1310   | Feet From T      | West   |                  |
|   | wnship 7S Range  | 33E , NMPN  | <u>ı, 1</u>      | Roosevelt  | County           |
| DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GA  | S   |                  |  | . h              |
| Nome of Authorized Transporter of Cill<br>Mobil Pipe Line Company     | XX or Condensate   | P. O. Box 900,  | Dallas,          |  |                  |
| Name of Authorized Transporter of Cas                                 | iame of Authorized Transporter of Casinghead Gas AM or Dry Gas Address (Give address to which app  |   | Tulsa, 0         | roved copy of this form is to be sent)<br>Oklahoma 74102 |                  |
| Cities Service Oil & G  | Unit Sec. Twp. Rge.  | is gas actually connect                                 |                  |  |                  |
| give location of tanks.   | th that from any other lease or pool,  | give commingling orde                                   | r number:        |  |                  |
| COMPLETION DATA   | Oil Well Gas Well  | New Well Workover                                       |                  | Plug Back   Same Res                                     | 'v. Diff. Res'v. |
| Designate Type of Completio   | on - (X) XX  | XX<br>Total Depth                                       | ,                | P.B.T.D.   |                  |
| Date Spudded<br>2/22/84   | Date Compl. Ready to Prod.<br>4/20/84  | 4500  |                  | 4460   |                  |
| Elevations (DF, RKB, RT, GR, etc.)                                    | Name of Producing Formation<br>San Andres  | Top Oll/Gas Pay<br>4248                                 |                  | Tubing Depth<br>4387                                     |                  |
| Perforations (0/0, /000   | <u></u>  |   |                  | Depth Casing Shoe<br>4500                                |                  |
| 4248-4302   | TUBING, CASING, AND  | CEMENTING RECO  | RD               | · ····   |                  |
| HOLE SIZE   | CASING & TUBING SIZE   | DEPTH S<br>1760   | ET               | SACKS CEN<br>765   | ENT              |
|   | 8 5/8  | 4500  |                  | 300  |                  |
| 7 7/8   | 2 3/8  | 4387  |                  |  |                  |
|   |  | <u></u>   |                  | <u>.</u>   |                  |
| TEST DATA AND REQUEST FOUL WELL                                       | OR ALLOWABLE (Test must be a)<br>able for this de  | fer recovery of total vol<br>pth or be for full 24 hour | 8)               | ·  | ixceed top allow |
| Date First New Oil Run To Tonks                                       | Date of Test   | Producing Method (Flo<br>Pump                           | w, pump, gos lij | l, elc.)   |                  |
| 4/20/84   | 5/3/84<br>Tubing Pressure  | Casing Pressure   |                  | Choke Size .   |                  |
| 24 hours<br>Actual Prod. During Test                                  | Oil-Bble.  | Water-Bble.   | <u></u>          | Gas-MCF  |                  |
|   | 40   | 52  |                  | 42   |                  |
| GAS WELL  |  |   |                  | · · · · · · · · · · · · · · · · · · ·                    |                  |
| Actual Prod. Teet-MCF/D   | Length of Test   | Bble. Condensate/MMC                                    | F                | Gravity of Condensate                                    |                  |
| Teeling Method (publ, back pr.)                                       | Tubing Pressure (shnt-in)  | Cosing Presswe (Shut                                    | :-in)            | Choke Size   |                  |
| CERTIFICATE OF COMPLIANCE   |  | DIL CONSERVATION DIVISION<br>APPROVED MAY 10 1984       |                  |  |                  |
| I hereby certify that the rules and t                                 | regulations of the Oll Conservation  | APPROVED  | MAL 1            | U IJOT   | 19               |
| Division have been complied with<br>above is true and complete to the | and that the information given   | .BY   | DISTRICT         | SUPERVISOR   |                  |
|   |  | TITLE   |                  |  |                  |
| 1 1   |  | This form is t  | o be filed in a  | compliance with MULI                                     | E 1104.          |
| Donna De  | If this is a request for allowable for a newly drilled or despend-<br>well, this form must be accompanied by a tabulation of the deviation<br>well, this form must be accompanied by a tabulation of the deviation |   |                  |  |                  |
|   | tests taken on the well in accordance with RUCE it.  |   |                  |  |                  |
| Agén () (   | All sections of this form must be filled out completely for allow<br>able on new and recompleted walls.  |   |                  |  |                  |
| 5/9/  | I and VI for theorem of owner  |   |                  |  |                  |
|   | Fill out only Sections 1, 11, 11, and the such change of condition<br>well name or number, or transporter, or other such change of condition<br>Separate Forms C-104 must be filed for each pool in multiply       |   |                  |  |                  |
| •   |  | separate Form   | n C•1∩4 BIOR     | , the streng for each b                                  |                  |



ATTACHMENT OIL CONSERVATION COMMISSION FORM C-104

## DEVIATION SURVEYS

Operator: Chaveroo Operating Company, Inc. Lcase & Well No. Farrell Federal No. 20 Location: Unit E, Sec. 28, T7S, R33E

| Depth | Degrees | Depth | Degrees |
|-------|---------|-------|---------|
| 740   | 1 1/2   |       |         |
| 1000  | 1/2     |       |         |
| 1760  | 1 1/2   |       |         |
| 2358  | 1 1/4   |       |         |
| 2948  | 1 3/4   |       |         |
| 3880  | 1       |       |         |
| 4500  | 1       |       |         |

I do hereby certify that the above information was

furnished by Mr. Herman Walters with Young Drilling Company

and is true and complete to the best of my knowledge.

Danne Holles

Subscribed and sworn to before me this \_\_\_\_\_ day

of May , 19 84 Notary Public in and for Lea County, New Mexico

My Commission expires April 16, 1985.