

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 03-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Chaveroo Operating Company, Inc.

Address
c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tucker Hall	Well No. 6	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>H</u> : <u>2000</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>7S</u> Range <u>32E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, OK
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 25 7S 32E
Is gas actually connected?	When Yes 1/16/85

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Donna Walker
(Signature)
Agent
(Title)
1/31/85
(Date)

OIL CONSERVATION DIVISION

FEB - 1 1985

APPROVED _____, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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 deviation 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 completed wells.

IV. COMPLETION DATA

Indicate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Ream out	Drill
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.D.T.D.					
12/27/84	1/16/85	4480		4440					
Elevation (SP, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
4452.5 KB	San Andres	4147		4125					
Interval				Depth of Int. S. to					
4147-4300				4480					
TUBING, VALVES, AND CEMENT LOGS									
LOG NO.	CASING & TUBING SIZE	LOG NO. SET		CASING CEMENT					
121	8 5/8	1784		660					
7 7/8	4 1/2	4480		300					
	2 3/8	4125							

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/16/85	1/24/85	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour	275#	Packer	16/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	78	17	150

GAS 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

JAN 31 1985