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Image of ownership       Out       Dry Gest       Change effective November: 1, 1988         Internation       Constrained Gas       Constrained Previously State "BF" #9         If Change of ownership give name       Gest       Constrained Gas       Previously State "BF" #9         If Change of ownership give name       Sec. 3       Well No. Pool Name, Including Formation       Kind of Lease         Lease Name       Sec. 3       Well No. Pool Name, Including Formation       Kind of Lease       Nume         Lease Name       Sec. 3       Well No. Pool Name, Including Formation       State "BF" #9       Nume         Line of Section       Section       Section       Section       Nume       Nume       Nume         Line of Section       3       Township       SS       Range       33E       Nume       Num       Nume       Nume <td< td=""><td>Reoson(s) for filing (Check proper box)</td><td>Other (</td><td></td><td></td><td></td><td>•</td><td></td></td<>	Reoson(s) for filing (Check proper box)	Other (				•	
Common in Ownership       Constrained Cast       Previously State       "BF" #9         If change of ownership give name       and address of previous owner       It hange of ownership give name         II. DESCRIPTION OF WELL AND LEASE       Team Nome       It does not name       It does not name         Leves Name       Peed From The       State       Nume       Nu		A SHIER CHAN	GE OF	WELL	AME & N	UMBER	
If change of ownership give name         If change of ownership give name         II. DESCRIPTION OF WELL AND IEASE         Levention         Haley Chaveroo SA Unit         16         Location         P       990         Feet From The         East         Unit Letter       :         P       990         Feet From The       East         Unit Letter       :         P       990         Feet From The       East         Unit Letter       :         P       990         Feet From The       East         Unit Letter       :         P       :         Mobil Pipeline Company       P.O. Box 900, Dallas, TX 75221         Name of Autherised Transporter of Coll Compression       P.O. Box 300, Tulsa, 0K 74102         Name of Autherised Transporter of Cost inspaced Gos (X) of Dry Gos P       P.O. Box 300, Tulsa, 0K 74102         Name of Autherised Transporter of Cost inspaced Gos (X)       of Dry Gos P         Note of large inspaced of inspaced Gos (X)       of Dry Gos P         Note of inspace       B       3         Note of Contended Gos (X)       of Dry Gos P         Note of Inspace on on pointer of Cost po	Recompletion Oil	Chan	ge eff	ective	Novemb	er 1, 1	988
I. DESCRIPTION OF WELL AND LEASE         Leves Nove         Haley Chaveroo SA Unit       16       Chaveroo San Andres       State       Feet From The       Leves         Locetion       990       Feet From The       South       Line and       660       Feet From The       East         Line of Section       3       Township       85       Range       33E       NMPM,       Chaves       Colored Core         HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Range       33E       NMPM,       Chaves       Colored Core       Colored Core <t< td=""><td>Change in Ownership Casinghead Gas</td><td>ondensate   Prev</td><td>/ IOUS IS</td><td>/ Slale</td><td><u>DF</u>#</td><td>1</td><td>• . • ~</td></t<>	Change in Ownership Casinghead Gas	ondensate   Prev	/ IOUS IS	/ Slale	<u>DF</u> #	1	• . • ~
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Leven Nome       Jec. 3       Weil No. Pool Name, including remained       Kinch Federal or Free State       MM-1         Halley Chaveroo SA Unit	W DECONDERANCE WELL AND LEASE		•		•		
Haley Chaveroo SA Unit       16       Chaveroo San Andres       Istate       State       State       NTH         Lecetton       P       990       Feet From The       South       Line and       660       Feet From The       East         Line of Section       3       Township       8S       Ronge       33E       NMPM.       Chaves       Constraints         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (Give address to which approved copy of this form is to be sen       Address (Give address to which approved copy of this form is to be sen         Mobil Pipeline Company       P.O. Box 900, Dallas, TX 75221       Address (Give address to which approved copy of this form is to be sen         Name of Authorised Transporter of Costangheed Gas (X) or Dry Gas       P.O. Box 900, Dallas, TX 75221         Name of Authorised Transporter of Costangheed Gas (X) or Dry Gas       P.O. Box 900, Tulsa, 0K 74102         Name of Authorise is of costangheed Gas (X) or Dry Gas       P.O. Box 900, Tulsa, 0K 74102         If well produces off of tar Induids.       B i 3 85 33E       Yes       1/11/67         If well produces off of tar Induids.       B i 3 85 33E       Yes       1/11/167         If well produces off or Induids.       B i 3 85 33E       Yes       1/11/167         If well produces off or Induids.       B i 3 85 33E       Yes	Legae Name Sec. 3 Well No. Pool Name, Including F				-		1
Location       P       990       Feet From The       South       Line and       660       Feet From The       East         Line of Section       3       Township       8S       Ronge       33E       NMPM.       Chaves       Control         Name of Authorited Transporter of Cli Cli       or Condensate       Address (Give address to which approved copy of this form is to be sent         Name of Authorited Transporter of Cli Cli       or Condensate       Address (Give address to which approved copy of this form is to be sent         Name of Authorited Transporter of Cli Cli       or Condensate       Address (Give address to which approved copy of this form is to be sent         Nome of Authorited Transporter of Costingheed Ges CM       or Crites       P.O. Box 9000, Dallas, TX 75221         Name of Authorited Transporter of Costingheed Ges CM       or Dry Costingheed Ges CM       P.O. Box 300, Tulsa, OK 74102         Name of Authorited Transporter of Costingheed Ges CM       or Dry Costingheed Ges CM       The form is to be sent         OXy NGL, Inc.       B 3       8S       33E       Yes       1/11/67         If well production is commingled with that from any other lease or pool, give commingling order number:       OIL CONSERVATION DIVISION         NOTE:       Complete Parts IV and V on reverse side if necessary.       OIL CONSERVATION DIVISION         Will chis a request for allowa	Haley Chaveroo SA Unit   16   Chaveroo Sa	n Andres	St	ate, Feder	alor Fas	State	NM-1
Nome of Authorised Transporter of Cill (I)       or Condensate (I)       P. O. Box 900, Dallas, TX 75221         Name of Authorised Transporter of Cosinghead Gos (I)       or Dry Gas (I)       P. O. Box 300, Tulsa, OK 74102         Name of Authorised Transporter of Cosinghead Gos (I)       or Dry Gas (I)       P. O. Box 300, Tulsa, OK 74102         Name of Authorised Transporter of Cosinghead Gos (I)       If we location of tonis.       P. O. Box 300, Tulsa, OK 74102         If we location of tonis.       B 1 3 8S 33E       Yes (I)/(1)/(1)/(1)/(1)/(1)/(1)/(1)/(1)/(1)/(1		0 E			i he		
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Name of Authorized Transporter of Cosinghead Gos (A) or Dry Cas       Address (Give address to which approved copy of this form is to be sent Doxy NGL, Inc.         Name of Authorized Transporter of Cosinghead Gos (A) or Dry Cas       P.O. Box 300, Tulsa, OK 74102         Oxy NGL, Inc.       Unit       Sec.       Twp.         If well produces off or Hauids.       Unit       Sec.       Twp.         If well produces off or Hauds.       B       3       8S       33E       Yes       1/11/67         If this production is commingled with that from any other lease or pool, give commingling order number:       NOTE:       OIL CONSERVATION DIVISION         NOTE:       Complete Parts IV and V on reverse side if necessary.       OIL CONSERVATION DIVISION         VI. CERTIFICATE OF COMPLIANCE       Address (Give address for allowable for a nowly drilled or down whowledge and belief.       NPROVED       , 19         Methoda K. Hickman (Signalwe)         Production Supervisor           Production Supervisor       (Title)              November 11, 1988       (Date)       (Date)	Line of Section 3. Township 8S Range 3 HIL DESIGNATION OF TRANSPORTER OF OIL AND NATURA	3E	, NMPM,	Chave	2S		
Oxy NGL, Inc.       P.U. BOX 300, 1015d, UN 74102         If well produces oil or liquids.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When         If well produces oil or liquids.       B       3       8S       33E       Yes       1/11/67         If well production is commingled with that from any other lease or pool, give commingling order number:       If this production is commingled with that from any other lease or pool, give commingling order number:       OIL CONSERVATION DIVISION         NOTE:       Complete Parts IV and V on reverse side if necessary.       OIL CONSERVATION DIVISION         VI. CERTIFICATE OF COMPLIANCE       If we and complete to the best of my knowledge and belief.       Is gas actually connected?         Metinda K. Hickman (Signature)       Production Supervisor       Is a request for allowable for a newly drilled or dowell, this form must be accompanied by a tabulation of the duit completely for able on new and recompleted wells.         November 11, 1988       (Date)       (Date)	Line of Section     3.     Township     8S     Range     3       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA       Name of Authorized Transporter of Cit     or Condensate	3E <u>L GAS</u>	, NMPM, ddress 10 1	Chave which appr	oved copy o	f this form i	
If well produces oil or liquids.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When         If well production of tonks.       B       3       8S       33E       Yes       1/11/67         If this production of tonks.       B       3       8S       33E       Yes       1/11/67         If this production is commingled with that from sity other lease or pool, give commingling order number:       Introduction is commingled with that from sity other lease or pool, give commingling order number:       Introduction is commingled with that from sity other lease or pool, give commingling order number:         NOTE:       Complete Parts IV and V on reverse side if necessary.       OIL CONSERVATION DIVISION         VI. CERTIFICATE OF COMPLIANCE       Introduction given is true and complete to the best of my knowledge and belief.       Image: production given is true and complete to the best of my knowledge and belief.         Metinda K. Hickman (Signature)       Production Supervisor       If this is a request for allowable for a newly drilled or divent to the duit of the duit completely for the duit completely for the duit completely for the duit of the duit completely for the duit completely for the duit sections of this form must be filled out completely for the duit name or number, or transports, or other such change of coses of wells.         Metinda K. Hickman (Date:       (Date)       Fill out only Sections 1, II. III. and VI for changes of well name or number, or transports, or other such change of coses Separate Forms C-1	Line of Section 3. Township 8S Range 3 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cil (Authorized Transporter of	3E LGAS Address (Give ad P.O.BOX 90	ddress 10 1	Chave which appr 11as,	TX 752	f this form i 21	, is to be sent
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If this production is commingled with that from any other lease or pool, give commingling order number:         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 tegulations 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.         Mutual:	Line of Section     3     Township     8S     Range     3       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA       Name of Authorized Transporter of Cit     ar or Condensate       Mobil Pipeline Company       Name of Authorized Transporter of Casinghead Gas       Mome of Authorized Transporter of Casinghead Gas       Oxy NGL, Inc.	3E LGAS Address (Give ad P.O.Box 90 Address (Give ad P.O. Box 3	ddress to v 00, Da ddress to v 300, T	Chave which appr llas, which appr ulsa, 1	oved copy o TX 7521 oved copy o OK 7411 hen	f ikis form i 21 f this form i 02	, is to be sent
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.         Methods W. Machina Mathematical Strange of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.         Methods W. Machina Mathematical Strange of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.         Methods W. Machina Mathematical Strange of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.         Methods W. Machina Mathematical Strange of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.         Methods W. Machina Mathematical Strange of the Oil Conservation Division have been completed with a strange of the Oil Conservation Division have been completed with a strange of the Oil Conservation Division have been completed with a strange of the Oil Conservation Division have been completed with a strange of the Oil Conservation Division have been completed wells.         Methods W. Machina Mathematical Strange of the Oil Conservation Division have been completed wells.       If this is a request for allowable for a newly drilled or date well have been completed wells.         Methods W. Machomatical Mathomatical Division Division Division Division Divisio	Line of Section       3.       Township       8S       Range       3         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Cii       (A)       (	3E L GAS Address (Give ad P.O.BOX 9( Address (Give ad P.O. BOX 3 Is gas actually of	ddress to t 00, Da ddress to t 300, T connected	Chave which appr llas, which appr ulsa, 1	oved copy o TX 7521 oved copy o OK 7411 hen	f ikis form i 21 f this form i 02	, is to be sent
VI. CERTIFICATE OF COMPLIANCE         I hereby certify that the rules and tegulations 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.       ORIGNIAL SHONED BY JERRY SEXTON         Multiple       JULY DATE       JULY DATE         Multiple       JULY DATE       JULY DATE <td< td=""><td>Line of Section       3.       Township       8S       Range       3         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Cii       (A)       or Condensate       (A)         Mobil       Pipeline       Company       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         (A)       (A)       (A)       (A)</td><td>3E L GAS Address (Give ad P.O.BOX 90 Address (Give ad P.O. BOX 3 Is gas actually of Ye:</td><td>ddress to t 00, Da ddress to t 300, T connected S</td><td>Chave which appr llas, which appr ulsa, (</td><td>oved copy o TX 7521 oved copy o OK 7411 hen</td><td>f ikis form i 21 f this form i 02</td><td>, is to be sent</td></td<>	Line of Section       3.       Township       8S       Range       3         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Cii       (A)       or Condensate       (A)         Mobil       Pipeline       Company       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         Name of Authorized Transporter of Casinghead Gas       (A)       (A)       (A)       (A)         (A)       (A)       (A)       (A)	3E L GAS Address (Give ad P.O.BOX 90 Address (Give ad P.O. BOX 3 Is gas actually of Ye:	ddress to t 00, Da ddress to t 300, T connected S	Chave which appr llas, which appr ulsa, (	oved copy o TX 7521 oved copy o OK 7411 hen	f ikis form i 21 f this form i 02	, is to be sent
VI. CERTIFICATE OF COMPLIANCE       NUV 17 1988         I hereby certify that the rules and tegulations 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.       APPROVED	Line of Section       3.       Township       8S       Range       3         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of C:::       Arrow of Condensate       Authorized Transporter of Casinghead Gas       Arrow of Condensate	3E L GAS Address (Give ad P.O.BOX 90 Address (Give ad P.O. BOX 3 Is gas actually of Ye:	ddress to t 00, Da ddress to t 300, T connected S	Chave which appr llas, which appr ulsa, (	oved copy o TX 7521 oved copy o OK 7411 hen	f ikis form i 21 f this form i 02	, is to be sent
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been complied with and that the information given is true and complete to the best of         my knowledge and belief.         Muchall       Mckmac         MeTinda K. Hickman (Signature)         Production Supervisor         (Title)         November 11, 1988         (Date)    ORIGNÁL SIGNED BY JERRY SEXTON          BY    ORIGNÁL SIGNED BY JERRY SEXTON          DISTRICT I 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 downed to the dest of the form must be accompanied by a tabulation of the downed to the well, this form must be accordance with RULE 111.          All sections of this form must be filled out completely for able on new and recompleted wells.        Fill out only Sections 1, II. III. and VI for changes of well name or number, or transporter, or other such change of complete to filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for each pool in the section of the filed for	Line of Section       3       Township       8S       Range       3         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA         Name of Authorized Transporter of Cii       (A)       or Condensate       (A)         Mobil       Pipeline       Company       (C)       (C)       (C)       (C)         Name of Authorized Transporter of Casinghead Gas       (A)       or Dry Gas       (C)       (C)       (C)         Name of Authorized Transporter of Casinghead Gas       (A)       (C)       (C) <t< td=""><td>3E L GAS Address (Give ad P.O.BOX 9( Address (Give ad P.O. BOX 3 Is gas actually c Yes give comminglin</td><td>, NMPM, ddress to 1 00, Da ddress to 1 300, T 300, T S ng order n</td><td>Chave which appr llas, which appr ulsa, ( , which umber:</td><td>25 oved copy o TX 7522 oved copy o OK 7410 hen 1/11/1</td><td>f ikis form i 21 f this form i 02</td><td>, is to be sent</td></t<>	3E L GAS Address (Give ad P.O.BOX 9( Address (Give ad P.O. BOX 3 Is gas actually c Yes give comminglin	, NMPM, ddress to 1 00, Da ddress to 1 300, T 300, T S ng order n	Chave which appr llas, which appr ulsa, ( , which umber:	25 oved copy o TX 7522 oved copy o OK 7410 hen 1/11/1	f ikis form i 21 f this form i 02	, is to be sent
my knowledge and belief.       District i supervisor         Murda M. Mickman       Title         MeTinda K. Hickman (Signature)       Production Supervisor         (Title)       (Title)         November 11, 1988       (Date)	Line of Section 3 Township 8S Range 3 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cil S or Condensate Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gos S or Dry Gas OXY NGL, Inc. If well produces oil or liquids. If well produces oil or liquids. If well produces oil or liquids. If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE	E GAS Address (Give ad P.O.BOX 9( Address (Give ad P.O. BOX 3 Is gas actually c Yes	ddress to t 00, Da ddress to t 300, T connected S ng order n	Chave which appr llas, which appr ulsa, ( , which umber:	25 oved copy o TX 7522 oved copy o OK 7410 hen 1/11/1	f ikis form i 21 f this form i 02	, is to be sent
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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

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## IV. COMPLETION DATA

Designate Type of Completion	n - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Rea'v
•		Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations	المراجع المراجع المراجع المراجع المراجع المراجع المراجع	en a statistica de la companya de la Companya de la companya de la company	Depth Casing Shoe
	TUBING, CASING, AND		
HOLE SIZE DOVOM D	130 CASING & TUBING SIZE		
			· · · · · · · · · · · · · · · · · · ·

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 allou OIL WELL able 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.)		
Longth of Tept	Tubing Prosoure	Casing Procews	Choke Size	
Actual Prod. During Teel	Oll-Bbie.	Water-Bbls.	Gas-MCF	
l		1	1	

## -GAS ₩ELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Teeting Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Cosing Pressure (Shut-in)	Choke Size	
			•	
			•	

