

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
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| DISTRIBUTION           |             |
| SANTA FE               |             |
| FILE                   |             |
| U.S.G.S.               |             |
| LAND OFFICE            |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| OPERATOR               |             |
| PRODUCTION OFFICE      |             |

Operator  
Chaveroo Operating Company, Inc.

Address

c/o Oil Reports &amp; Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Effective May 1, 1984

If change of ownership give name and address of previous owner  
Monument Resources, Inc., 5100 N. Brookline, Suite 700, Oklahoma City, Oklahoma 77056

## DESCRIPTION OF WELL AND LEASE

|            |                 |                                |                       |                |                   |
|------------|-----------------|--------------------------------|-----------------------|----------------|-------------------|
| Lease Name | Well No.        | Pool Name, including Formation | Kind of Lease         | Fee            | Lease No.         |
| Tucker     | 2               | Chaveroo San Andres            | State, Federal or Fee |                |                   |
| Location   | Unit Letter     | P                              | 660 Feet From The     | South Line and | 690 Feet From The |
|            | Line of Section | 23                             | Township              | 7S             | Range             |
|            |                 |                                |                       | 32E            | NMPM, Roosevelt   |
|            |                 |                                |                       |                | County            |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Mobil Pipe Line Company  | P. O. Box 900, Dallas, Texas 75221                                       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Cities Service Oil & Gas Corp.   | P. O. Box 300, Tulsa, Oklahoma 74102                                     |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | L 24 7S 32E Yes 1/3/69   |

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

## COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |             |              |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |              |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |             |              |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |             |              |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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)

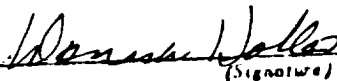
|                                 |                 |   |
|---------------------------------|-----------------|---|
| Time First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil-Bble.       | Water-Bble.                                   |
|                                 |                 | Choke Size                                    |
|                                 |                 | Gas-MCF                                       |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bble. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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

  
(Signature)Agent  
(Title)5/10/84  
(Date)OIL CONSERVATION DIVISION  
MAY 11 1984

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1194.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.