TIGY AND MINITIALS DEPARTMENT DISTRIBUTION

L CONSERVATION DIVISIO P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

THE U.S.S. LAND OFFICE THANSPORTER OIL OAS OFFHATOR FROM ATION OFFICE C PETULO CONTRACTOR OFFICE	AUTHORIZATION TO TRAN	OR ALLOWABLE AND ISPORT OIL AND NATU	JRAL GAS		
Chaveroo Operating Co				1	
c/o Oil Reports & Gas	S Services, Inc., P. O. Bo				
New Well Recompletion Change in Ownership	Change in Transporter of: OII XX Dry (Other (Please explain) Fry Cos			
If change of ownership give name			*		
and address of previous owner					
DESCRIPTION OF WELL AN	Vell No. Pool Name, Including	Formation	Kind of Leas	•	Lease No.
State "0"	22 Maljamar GB S	SA	State, Federa	lorFee State	B-871
Unit Letter F ;	1980 Feet From The North L	Ine and <u>1982</u>	Feet From	The West	
Line of Section 12	Ownship 17S Range	32E , NMPA	۸, Lea_		County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
J. M. Petroleum Corp. Name of Authorized Transporter of C Phillips Petroleum Co	asinghead Gas XXX or Dry Gas	Address (Give address 2000 N. Tower	Plaza of	America, Dalla	s, TX
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 12 175 32F	Is gas actually connect Yes	ed? Whe	5/20/60	
	with that from any other lease or pool		r number:	3, 29, 00	
COMPLETION DATA Designate Type of Complet	ion - (X)	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	. 1	P.B.T.D.	
Llevations (DF, RKB, RT, GR, etc.,	"ame of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations		<u> </u>		Depth Casing Shoe	
rendutions					
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECOR		SACKS CEM	ENT
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	inferrecovery of social volu	me of load oil a	ind must be equal to or ex	sceed top allow
HL WELL Date First New Oil Run To Tanks		epth or be for full 24 hours Producing Method (Flow)		
				1 Chana Stan	
Length of Test	Tubing Pressure	Casing Pressure		Chore Size	
Actual Prod. During Teet	Oil-Bbia.	Water - Bbls.		Gas - MCF	
2.4.0.30928 W					
Actual Frod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCI	F	Gravity of Condensate	
i eeting Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size	
ERTIFICATE OF COMPLIAN	CE	11		ION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given cove is true and complete to the best of my knowledge and belief.		APPROVED A	UG ZY T	<u>984</u> ,	
		BY. Eddie W. Goog			
		TITLE Oil			
(Signature) Agent (Title) 8/23/84 (Date)		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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			
· ·		Separate Forms completed wells.	C-104 must	na man int ascu boo	ii muuipiy

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O.C.B. HOBES OFFICE

OIL CONSERVATION DIVISIO... P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

LAND OFFICE TRANSFORTER OIL GAS	REQUEST FOR ALLOWABLE AND			
PROBATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
Chaveroo Operating Com	pany, Inc.			
	Services, Inc., P. O.Box	763, Hobbs, NM 88241		
Reason(s) for liling (Check proper bo	_	Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil XX Dry Ga			
Change in Ownership	Casinghead Gas Conde	neate 🗍		
I change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND				
State "O"	well No. Pool Name, Including F 22 Maljamar Grayb			
Location				
Unit Letter F : 1	980 Feet From The North Lin	ne and 1982 Feet From	The West	
Line of Section 12 T.	enship 17S Range	32Е , ммрм, І	Lea County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of Ci		Address (Give address to which appr		
Southern Union Refinin Name of Authorized Transporter of Co		P. O. Box 980, Hobbs, NM 88241 Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Com		Bartlesville, Oklahoma	74004	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen	
give location of tanks.	B 12 17S 32E	Yes	5/30/60	
this production is commingled with COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Resty. Diff. Resty.	
Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Pring Back Some Resv. Dill. Nes v.	
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	
Perforations			Depth Casing Shoe	
			1	
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	EASING & TUBING SIZE	027 117 027		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	feer recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bide.	Water-Bbls.	Gde • MCF	
AS WELL				
Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensute/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVA		
hereby certify that the fules and	regulations of the Oil Conservation	APPROVED MAY 25	1984	
ivision have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY JERRY SEXTON		
The state of the s			1 SUPERVISOR	
		TITLE	compliance with BULE 1104.	
Donna Latina (Signature)		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despensus well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
5/24/8		Will out only Sections 1.	II, III, and VI for changes of owner.	
		11 AA		

(Date)

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such thange of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

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LAND OFFICE			
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PROMATION OFFICE			

LAND OFFICE	REQUEST FO	R ALLOWABLE		
OPERATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Cherotor Chaveroo Operating Comp	any, Inc.			
Address				
c/o Oil Reports & Gas S Reason(s) for liling (Check proper box		763, Hobbs, NM 88241 Other (Please explain)		
New Well	Change in Transporter of: Dry Go	D REFERENCE VI.	100/	
Recompletion Change in Ownership XX	Casinghead Gas Conde	All mitter into the property in	1984	
If change of ownership give name on Moind address of previous owner	nument Resources, Inc.,	5100 N. Brookline, Suite	700, Oklahoma City, Oklahoma 77056	
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including F			
State "O"	22 Maljamar Graybı	urg San Andres Stote, Federal	State B-871	
Unit Letter F : 1	980 Feet From The North Lin	ne and 1982 Feet From 1	h• West	
Line of Section 12 T.	enship 17S Range	32 <u>Е , ммрм, Lea</u>	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs		
Name of Authorized Transporter of Cil Mobil Pipe Line Company	or Condensate	P. O. Box 900. Dallas. T		
Name of Authorized Transporter of Cas		P. O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Compa	Unit Sec. Twp. Rge.	Bartl esville, Oklahoma Is gas octually connected? Whe	n	
give location of tanks.	B 12 17S 32E	Yes	5/30/60	
this production is commingled wit COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completion				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations		<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll-Bale.	Water-Bbls.	Gas-MCF	
		<u> </u>		
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			
Teeting Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
ERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION MAY 15 1984		
have by consider that the suites and re	egulations of the Oil Conservation	APPROVED WAT 1	<u> </u>	
hereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY JESSY SEXTON		
		TITLEDISTRICT SUPER	(VISOR	
· 1	1.	This form is to be filed in c		
lana la	lle	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.		
(Signotwe) Agent		tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-		
(Titl		sble on new and recompleted well	la.	
5/10 (Dai	0/84	well name or number, or transports	III, and VI for thanges of owner, or other such thange of condition.	
	L. Carrier and Car	d	a ditable and to multiply	

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

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