PORCE I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-9719 District III			OIL CONSERVATION DIVISION PO Box 2088						Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies				
1000 Rie Brazes Rd., Aziec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088			Santa Fe, NM 87504-2088						☐ AMENDED REPORT				
I.			FOR A	LLOWAE	LE AN	ID AU	THOR	ZAT	ION TO TR	ANSPO	RT		
Chaveroo Operating Company, Inc.										<sup>1</sup> OGRID Number			
				ny, Inc. s, Inc., P. O. Box 755, Hobbs, N M 88241					004309				
	- <u>-</u>			11 00242					3 Reason for Filing Code				
4 A	PI Number	T		<sup>6</sup> Pool Name						<u></u>	* Pool Code		
<b>30 - 0</b> 25-20726			South Double "A" Abo								19050		
<sup>7</sup> Property Code			¹ Property Name						<del></del>		Well Number		
	2557	<u> </u>		LSA							1		
II. 10 Surface Lox		Township	Market with the last time the contract of the last time the last time to the last time time to the last time to the last time time to the last time time time to the last time time time time time time time tim			from the North/South Line			Feet from the	East/West line   County			
G	30	17S	36E		1980	`							
the same of the sa		Hole Loc	ببرجه بمدينية بنه بهدر	والمراجع والمستوان والمستوان والمراجع والمستوان والمراجع		0 North		CII	1980 East Lea				
UL or lot no.	Section	Township	Range	Lot Ida	Feet from	n the	the North/South line		Feet from the	East/West lis	East/West line County		
G	30	17S	36E		1980		North		1980	East	Lea		
		ing Method Co	ide   34 Gas	Connection Dat	*   "C-	-129 Perm	it Number		* C-129 Effective I	Date 17	ie <sup>17</sup> C-129 Expiration Date		
III. Oil a	nd Gas	P Transpor	ters			*		<u></u>		1			
Transporter			19 Transporter Name			<sup>28</sup> POD <sup>28</sup>		31 O/G	" POD ULSTR Location				
OGRID		and Address						and Description					
015694 Navajo Re P. O. Box			- 11			06810 0			G-30-17S-36E				
Artesia, N			NM 88211-0159										
ANAMA ON A DOLLA													
				¥0.00									
IV. Produced Water													
3	POD				3	POD U	LSTR Locati	on and l	Description				
17 137-11	<u> </u>	Van Data											
V. Well Completion Data  Byud Date			<sup>36</sup> Ready Date			n TD			<sup>21</sup> РВТО		2º Perforations		
9,2002									1010		1 errorations		
30 Hole Size		31 Casing & Tubing Size			32 Depth S			4	n s	Sacks Cement			
		····											
			<u> </u>										
			<u> </u>										
VI. Well Test Data  Date New Oil Gas Deli			divery Date M Test Date			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			M Tog. Pressure "Cag. Pressure				
Date	IEW OB	Gar	enanth Date	16	et Date	37 Test Length		" Tog. Pr	essu re	** Csg. Pressure			
" Chok	e Size	4 Oil		4 Water		-	<sup>43</sup> Gas		" AOF		" Test Method		
				ivision have been			Ωī		NICEDIAT	ON DIV	ICION		
with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION  Approved by: ORIGINAL SIGNAL BY INTERVISION							
Signature: Then toller						BARTAICS LOUPER VISCR							
Printed name: Laren Holler							Title:						
Title:			Approval Date:										
Date: 5/1			505) 393-										
" If this is a	hange of op	erator fill in t	be ()GRID nu	mber and name	of the prev	ious oper	ator						
	Previous	Operator Sign	ature			Prin	ed Name			Title	Date		
											- 377		

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table: NW New Well 3.

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) RC CH AO CO AG CT

requested)
If for any other reason write that reason in this box.

- The API number of this well 4
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State

SP

Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing
  Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

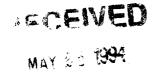
The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- 45. The method used to test the well:

Flowing Pumping Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to varify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.



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