

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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, New Mexico 88241

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LSA	Well No. 2	Pool Name, including Formation South Double A Abo	Kind of Lease State, Federal or Fee State	Lease No. B-8428
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>17S</u> Range <u>36E</u> , NMPM, <u>Lea</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"/> J. M. Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2000 N. Tower, Plaza of Americas, Dallas, TX 75201
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>30</u> Twp. <u>17S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When _____

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.

Jerry Sexton
(Signature)
Agent
(Title)
9/16/85
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 17 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

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

Designate Type of Completion - (X)		Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/28/85	Date Compl. Ready to Prod. 8/26/85		Total Depth 9355			P.B.T.D. 9315			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo		Top Oil/Gas Pay 9168			Tubing Depth 9166			
Perforations 9168-9230						Depth Casing Shoe 9355			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	390	460
12 1/4	8 5/8	3500	1360
7 7/8	5 1/2	9355	1850
	2 7/8	9166	

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 First New Oil Run To Tanks 8/28/85	Date of Test 9/14/85	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --	
Actual Prod. During Test 1000	Oil - Bbls. 200	Water - Bbls. 800	Gas - MCF 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

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