

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

**NEW MEXICO OIL CONSERVATION COMMISS. 1**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

I. Operator AGUA, INC.  
 Address P. O. Box 1978 Hobbs, New Mexico 88240  
 Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership  
 Change in Transporter of: Oil  Casinghead Gas  Dry Gas  Condensate  Other (Please explain)

If change of ownership give name and address of previous owner Union Oil Co. of California 500 N. Marienfeld Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Tract 65</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Caprock Queen</u>	Kind of Lease State, Federal or Fee	Lease No. <u>Fee</u>
Location: Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>15 South</u> Range <u>31 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Proposed Water Injection Well</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>GAS WELL</b>			
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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]  
 (Signature)  
Manager  
 (Title)  
4/14/71  
 (Date)

**OIL CONSERVATION COMMISSION**  
**APR 19 1971**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY [Signature]  
**SUPERVISOR DISTRICT 1**  
 TITLE \_\_\_\_\_

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

**RECEIVED**

APR 19 1971

**OIL CONSERVATION COMM.  
HOBBS, N. M.**