## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR				
PROBATION OFFICE				

## OIL CONSERVATION DIVISION P. O. 80X 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formet 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Lesse Name W. Dollarhide   Well No.   Pool Name, Including Formation   State, Federal or Fee   State   B-9613    Queen Sand Unit   27   Dollarhide   Oueen   State, Federal or Fee   State   B-9613    Location   Unit Letter   C   : 990   Feet From The   North Line and   1650   Feet From The   West    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   NMPM, Lea   Lea   County    Line of Section   32   Township   245   Range   38E   Ra	T	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Research   In filling (Chest proper bas)    New Worl	Operator				<del></del>				
Research   In filling (Chest proper bas)    New Worl	Point Petroleum Corpora	ation							
Research   Service   Compose in Transporter of:   Dry Gas   Change in Transporter of:   Dry Gas   Change of Operator from TEXACO Producing   Dry Gas   Change of Operator from TEXACO Producing   Change of Operator from Texaco   Change of Operator from Texaco   Change of Operator from Texa	Address	**************************************		<del></del>		<del></del>			
Research   Service   Compose in Transporter of:   Dry Gas   Change in Transporter of:   Dry Gas   Change of Operator from TEXACO Producing   Dry Gas   Change of Operator from TEXACO Producing   Change of Operator from Texaco   Change of Operator from Texaco   Change of Operator from Texa	P.O. Box 3805, Midland	Texas	79702						
Change of Operator from TEXACO Producing Inc. to Point Petroleum Corporation  Condensets	Reason(s) for filing (Check proper box)				Other (Pleas	e explain)			
Change of ownership  Casingheed Gas  Condenserie  Condens	New Well	Change !	in Transporter of:		Change	of Operator from Ti	ZXACO	Producino	
If change of Ownership give name address of previous owner TEXACO Producing Inc., P.O. Box 728, Hobbs, New Mexico 88240  I. DESCRIPTION OF WEIL AND LEASE Leses Name W. Dollarhide Weil No. Pool Name, including Formation State, Federal or Fee State B-9613  Lecution Unit Letter C: 990 Feet From The North Line and 1650 Feet From The West  Line of Section 32 Township 245 Renge 38E NMPM, Log Lega County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensors Address (Give address to which approved copy of this form is to be sent)  III well produces oil or liquide, give location of toats.  It was production is commingled with that from any other lease or pool, give commingling order number:  IOTE: Complete Parts IV and V on reverse side if necessary.  III. CERTIFICATE OF COMPILANCE  Timothy C. Collier, Agent  February 20, 1987  File up to the section of the section of the well and completely for allowable for a newly drilled out completely for allowable on new and recompleted weils.  File up only Sections of this feat out completely for allowable on new and recompleted weils.  File up only Sections of this feat out completely for allowable for a newly drilled out completely for allowable on new and recompleted weils.  File up only Sections of this feat out completely for allowable for a newly drilled out completely for allowable on new and recompleted weils.  File up only Section 1, II, III, and VI for changes of owner,  File up only Section 2, III and VI	Recompletion	Oil		Dry Gas					
TEXACO Producing Inc., P.O. Box 728, Hobbs, New Mexico 88240  I. DESCRIPTION OF WEIL AND LEASE  Lease Name W. Dollarhide Weil No. Fool Name, including Formation State, Federal or Fee State B-9613  Lease Name W. Dollarhide Weil No. Fool Name, including Formation State, Federal or Fee State B-9613  Lease Name W. Dollarhide Weil No. Fool Name, including Formation State, Federal or Fee State B-9613  Lease Name W. Dollarhide Weil No. Fool Name, including Formation State, Federal or Fee State B-9613  Lease Name of Authorition Trees State B-9613  Lease Name of Authorition Trees Trees The North Line and 1650 Feet From The West  Line of Section 32 Township 24S Renge 38E NMPM, Lea Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authoritied Transporter of Cosingheed Gos or Dry Gas Address (Give address to which approved copy of this form is to be sent)  III. injection  Name of Authoritied Transporter of Cosingheed Gos or Dry Gas Address (Give address to which approved copy of this form is to be sent)  III. well produces off or Heulds. Until Sec. Twp. Res. Is gas actually connected? When give location of tanks.  III. while production is committinged with that from any other lease or pool, give commingling order number:  IV. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION  APPROVED AND TRANSPORDED BY JERRY SEXTON  TITLE DISTRICT I SUPERVISOR  This form is to be filed in compliance with RULE 1104.  All sections of this form must be diffied out completely for allowable on new and recommended wells.  Fill out only Sections III. III. and VI for changes of owner.  February 20, 1987.	XX Change in Ownership	Ces	inehead Gas	Condensate		Torne recrosedan oc	)I DOLG	icion	
I. DESCRIPTION OF WEIL AND LEASE Lease Name W. Dollarhide Weil No. Pool Name, Including Formation State, Federal or Fee State B-9613 Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line of Section 32 Township 24S Range 38E NNPM Lea Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  III well produces oil or liquids, when containing the thin that from any other lease or pool, give commingling order number:  III. CERTIFICATE OF COMPILANCE  APPROVED ASSISTANCE SIGNED BY JERRY SEXTON  TITLE DISTRICT I SUPERVISOR  This form is to be filled in compliance with MULE 1104.  If it is a request for allowable for a newly drilled or despend well, this form must be filled out completed or despend well, this form must be filled out completed or allowable on new and recompleted with all Elias on new and recompleted with ALE 111.  All sections of this form must be filled out completely for allowable on new and recompleted with ALE 111.  All sections of this form must be filled out completely for allowable on new and recompleted with all Elias out completed with all Elias out completed wells.  Fight your old 1987  February 20, 1987  February 20, 1987  February 20, 1987  Fight your old 1987	If change of companying since some								
Lease Name W. Dollarhide Queen Sand Unit  27 Dollarhide Oueen  State State  B-9613  Lease No. B-9614  Lease No. B-9615  Lease No. B-9615  Lease No. B-9613  Lease No. B-9615	end address of previous ownerT	EXACO P	roducing In	c. P.O. B	ox 728. Ho	bbs. New Mexico 88	3240		
Lease Name W. Dollarhide Queen Sand Unit  27 Dollarhide Oueen  State State  B-9613  Lease No. B-9614  Lease No. B-9615  Lease No. B-9615  Lease No. B-9613  Lease No. B-9615	•								
Queen Sand Unit	II. DESCRIPTION OF WELL AND		16	4	<del></del>	:			
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Timothy b. Collier, Agent  (Title)  February 20, 1987   BY  CIRIGINAL SIGNED BY JERRY CEXTON  TITLE  DISTRICT I SUPERVISOR  This form is to be filled in compliance with MULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a labulation 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,	VI. CERTIFICATE OF COMPLIANCE		#	· ·					
Timothy D. Collier, Agent  (Title)  February 20, 1987   BY					OVED	MAR 1 2 10	187. i	9	
Timothy D. Collier, Agent  Timothy D. Collier, Agent  Timothy D. 1987  Timothy 20, 1987  Timothy 30, 1987  Timothy 30, 1987  Timothy 30, 1987  This form is to be filled 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,	•	iven is true ac	nd complete to the b	best of		1111 (11 2 2 2 2 2 2 3			
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Timothy D. Collier, Agent  (Title)  February 20, 1987  tests taken on the well in accordance with AULE 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.	Signature	1			•		•	•	
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I THE OUT ONLY SECTIONS 1, 11, 111, and 41 to chariges of Owner,	February 20, 1987			i†		: •	r chan-	•• • • • • • • • • • • • • • • • • • • •	
ment theme of themest, of distribution of the safety custoff of Condition	(Date)								
Separate Forms C-104 must be filed for each pool in multiply completed wells.						C-104 must be filed for e	ch poo	l in multiply	

IV. COMPLETION DATA	·						•		
Designate Type of Completi	on - (X)	Gas Well	New Well	Workover	Deepen 6	Plug Back	Same Restv	DIL Ree	
Deta Spudded	Date Compl. Ready to Pro	od.	Total Depth			P.B.T.D.			
Eleveticas (DF, RKB, RT, GR, etc.)	Name of Producing Forms	Top Oll/Gas Pay			Tubing Depth				
Perforations			- <del>  </del>			Depth Cast	ng Shoe		
	TUBING, C	ASING, AN	D CEMENTI	NG RECOR	)				
HOLE SIZE	CASING & TUBIN	G SIZE		DEPTH SE	T	S/	SACKS CEMENT		
			<del>-</del> -						
-									
			1_						
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE TO	est must be a ile for this di	flet recovery	of socal volum full 24 hows)	ne of load oil	and must be e	qual to or exc	eed 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 Pre-	ewe.	• .	Choke Size	<del> </del>	· ·	
Actual Prod. During Test	Oil - Bbis.		Water - Bble	•		Gas-MCF		<del></del>	
GAS WELL	<u> </u>		J	· · · · · · · · · · · · · · · · · · ·	<u> </u>			·a.	
Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	meate/AAACF		Gravity of C	Condensate	4.#c .#	
Teeting Method (pitot, back pr.)	Tubing Pressure (state)	<b>-</b> )	Casing Pres	eure (Shut-	in)	Choke Size	<del></del>		