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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Operator  
**Circle Ridge Production, Inc.**

Address  
**c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, N.M. 88241**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	Other (Please explain) <b>Effective 3/19/88</b>
<input type="checkbox"/> Recompletion			
<input checked="" type="checkbox"/> Change in Ownership			

Change of ownership give name and address of previous owner  
**General Operating Co., Suite 1007 Ridglea Bank Bldg., Ft. Worth, Tx 76116**

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Drickey Queen</b>	Well No. <b>7</b>	Pool Name, including Formation <b>Caprock Queen</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NU-03927</b>
Location <b>Sand Unit Tract 13</b>				

Unit Letter **P** : **660** Feet From The **South** Line and **660** Feet From The **East**

Line of Section **33** Township **13S** Range **31E** , NMPM, **Chaves** County

II. 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)
<b>None - Injection Well</b>	
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)

Does well produce oil or liquids, and 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 numbers: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

III. 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)  
3/24/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 29 1988**, 19 \_\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**

TITLE **DISTRICT I 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.

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MAR 25 1988  
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