

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator Chaves Oil Ltd.  
 Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of: Effective May 1, 1972  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Cities Service Oil Co., Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

IC-060811

Lease Name <u>Drickey Queen</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>above</u>
Location <u>Sand Unit Tract 1</u>				
Unit Letter <u>K</u>	<u>2000</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>15</u>	Township <u>14 S</u>	Range <u>31 E</u>	NMPM, <u>Chaves</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Texas-New Mexico Pipeline Company Box 1510, Midland, Texas 79701  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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 A Sec. 16 Twp. 14S Rge. 31E Is gas actually connected? No 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, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Donna Hollis  
(Signature)

Agent  
(Title)

May 3, 1972  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 4 1972, 19  
 BY Joe D. Ramey Orig. Signed By  
 TITLE Dist. I, Supv.

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.

Oil Conservation  
Commission  
Washington, D.C.

RECEIVED  
MAY 3 1972  
OIL CONSERVATION COMMISSION