

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Artesia, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form
 Revised February 10,
 Instructions on
 Submit to Appropriate District
 5 C

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REI

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Northland Operating Company 3500 Oak Lawn, Suite 380, LB 31 Dallas, Texas 75219-4398		OGRID Number 149936
API Number 30-005-01118	Pool Name Caprock Queen	Pool Code 08559
Property Code 002781 2D418	Property Name West Cap Queen Sand Unit TR II	Well Number 25 #

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
0	21	14S	31E		660	S	1980	E	Chaves

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	21	14S	31E		660	S	1980	E	Chaves
Lea Code F	Producing Method Code TA	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters :

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
034019	Phillips Petroleum Company 4001 Penbrook Odessa, Texas 79762	0742710	0	Unit # Sec. # T14S, R31E
	TA Expired 3/15/91			

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

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

Signature: *Robert P. Lindsay*
 Printed name: Robert P. Lindsay
 Title: Agent
 Date: 2-1-96 Phone: 214-521-9959

OIL CONSERVATION DIVISION	
Approved by:	ORIGINAL SIGNED BY GARY WINK
Title:	FIELD REP. II
Approval Date:	MAR 12 1997

Circle ridge Production, Inc. Operator 2-1-96
 Previous Operator Signature: 004519 *J D WORTHY*
 Printed Name: J D WORTHY Title: V.P. Date: 02/01/96

APR 1996
Received
Hobbs
OCD

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
HOBBS, NEW MEXICO 88240

Permit approved
Bureau of Land Management
Expires August 31, 1990
LEASE DESIGNATION AND SERIAL
LC-060821-A
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL GAS WELL OTHER **30-0050118**

2. NAME OF OPERATOR
Circle Ridge Production, Inc.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

14. PERMIT NO. **See Below**

15. ELEVATIONS (Show whether OF, KT, OK, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Cap Queen Sand Unit

9. WELL NO.
See Below

10. FIELD AND POOL OR WILDCAT
Caprock Queen

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 21, T14S, R31E

12. COUNTY OR PARISH **Chavez** 13. STATE **NM**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	Other: <input type="checkbox"/>	

Other: **Test Casing** **XX**

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Permission is hereby requested to schedule a casing test on the following wells on the dates shown:

Tr. 11 #1	600' FSL & 1980' FEL of Sec. 21	May 7, 1990
Tr. 11 #3	2310' FSL & 990' FEL of Sec. 21	June 4, 1990

18. I hereby certify that the foregoing is true and correct

SIGNED *Charm Wells* TITLE Agent DATE 3/5/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 10 1990

*See Instructions on Reverse Side

RECEIVED

MAR 16 1990

OOD
HOBBS OFFICE

Form approved.
 Budget Bureau No. 1000
 Expires August 31, 1980
 5. LEASE DESIGNATION AND SERIAL NO.
 LC-060821-A
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different reservoir.
 Use "APPLICATION FOR PERMIT" for such proposals.)

1. GAS WELL OTHER

2. NAME OF OPERATOR
 Circle Ridge Production, Inc.

3. ADDRESS OF OPERATOR
 c/o Oil Reports & Gas Services, Inc., Box 755 Hobbs, NM 88241

4. NAME OF WELL (Report location clearly and in accordance with any State requirements.
 See space 17 below.)
 660' FSL & 1980' FEL of Section 21
 Unit 0

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 West Cap Queen Sand Unit

9. WELL NO.
 TR 11

10. FIELD AND POOL, OR WILDCAT
 Tr 11 #1

11. SEC., T., R., M., OR BLE. AND SURVY OR AREA
 Caprock Queen

12. COUNTY OR PARISH
 Chaves

13. STATE
 NM

14. 15. ELEVATIONS (Show whether DF, BT, GR, etc.)
 4276

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> PULL OR ALTER CASING
<input type="checkbox"/> RE-TREAT	<input type="checkbox"/> MULTIPLE COMPLETE
<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ABANDON*
<input type="checkbox"/> WELL	<input type="checkbox"/> CHANGE PLANE

SUBSEQUENT REPORT OF:

<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> REPAIRING WELL
<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/> ABANDONMENT*
(Other) <u>Temporary Abandonment</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. UNFINISHED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Permission is hereby requested to retain the subject well as temporary abandoned. As part of a waterflood project future use could be required in the event of a change in injection pattern. Last production April, 1971.



18. I hereby certify that the foregoing is true and correct

SIGNED: Wanda Walker TITLE: Agent DATE: 1/22/90

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____

CONDITIONS OF APPROVAL, IF ANY:
 Approved for 12 MONTH PERIOD
 ENDING MAR 15 1991
 *See Instructions on Reverse Side

APPROVED
 PETER W. CHESTER
 MAR 15 1990
 BUREAU OF LAND MANAGEMENT
 ROSWELL RESOURCE AREA

Title 19, Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Operator Circle Ridge Production, Inc.	Well API No. 30-005-01118
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Effective 9/1/89
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Cap Queen Sand Unit Tract 11	Well No. 1	Pool Name, Including Formation Caprock Queen	Kind of Lease State Federal Oil/Gas	Lease No. LC-060821-A
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>14S</u> Range <u>31E</u> , NMPM, Chaves 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"/> Phillips Petroleum Co. - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
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 P	Sec. 17	Twp. 14S	Rgn. 31E	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, 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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Donna Holler
Printed Name Donna Holler Agent
Date 8/15/89 Title
Telephone No. 505-393-2727

OIL CONSERVATION DIVISION
AUG 17 1989

Date Approved _____
By _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

AUG 16 1989

OCD
HOBBBS

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DO, Artesia, NM 88210

DISTRICT III
 1000 Rio Hondo Rd., Aztec, NM 87410

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

I.

Operator Circle Ridge Production, Inc.	Well API No. 30-005-01118
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Effective 7/1/89

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Cap Queen Sand Unit Tract 11	Well No. 1	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Other	Lease No. LC-060821-A
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 21 Township 14 S Range 31 E, NMPM, Chaves 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210
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 ? P 17 14S 31E

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, REB, 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 Ran To Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Donna Holler Agent
 Printed Name Donna Holler Title
 Date 6/20/89 Telephone No. 505-393-2727

OIL CONSERVATION DIVISION
JUN 21 1989

Date Approved _____
 By Jerry Sexton ORIGINAL SIGNED BY JERRY SEXTON
 Title _____ DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
JUN 21 1989
OCD
HOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. ADMIN.
SUBMITTING INSTRUCTIONS ON REVERSE SIDE
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

EXPIRES AUGUST 31, 1985
5. LEASE DESIGNATION AND SERIAL NO. LC-060821-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Circle Ridge Production, Inc.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL & 1980' FWL of Section 21
E

14. PERMIT NO. 15. ELEVATIONS (Show whether DP, RT, GR, etc.)
4276

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Cap Queen Sand Unit Tr. 11

9. WELL NO.
~~1~~ #1

10. FIELD AND POOL OR WILDCAT
Caprock Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T14S, R31E

12. COUNTY OR PARISH 13. STATE
Chaves NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandonment

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Permission is hereby requested to retain the subject well as temporary abandoned. As part of a waterflood project future use could be required in the event of a change in injection pattern.

RECEIVED

MAR 20 3 41 AM '88
BUREAU OF LAND MGMT
ROSWELL RESOURCE
AREA

18. I hereby certify that the foregoing is true and correct

SIGNED Wayne Haller TITLE Agent DATE 3/25/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING APR 25 1989

*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER
APR 25 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED
APR 29 1988
OCD
HOBBS 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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Circle Ridge Production, Inc.

Address
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Gas
 Other (Please explain)
Effective 3/19/88

If change of ownership give name and address of previous owner
General Operating Company, Box 755, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Cap Queen</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-060821-A</u>
Location <u>Sand Unit Tract 11</u>				
Unit Letter <u>0</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>21</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 <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of 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 <u>P</u> Sec. <u>17</u> Twp. <u>14S</u> Rge. <u>31E</u>	Is gas actually connected? <u>No</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.

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
 BY _____
 TITLE _____
 Orig. Signed by
Paul Kautz
 Geologist

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 deviated 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 multiple completed wells.

William J. Hymas
 (Signature)
 Agent
 (Title)
3/23/88
 (Date)

N. M. OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 88240
HOBBBS, NEW MEXICO

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-060821-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Cap
Queen Sand Unit Tract 11

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Caprock Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

Chaves NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
General Operating Company

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FSL & 1980' FSL of Section 21

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4276

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandonment

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Permission is hereby requested to retain the subject well as temporary abandoned. As part of a waterflood project future use could be required in the event of a change in injection pattern.



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Agent DATE 10/28/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING 3/10/87

*See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER

MAR 10 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE REGISTRATION AND SERIAL NO.
LC 080821-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FIELD NAME
**West Cap. Queen Sand Unit
Tr. 11**

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Caprock Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 21, T14S, R31E

12. COUNTY OR PARISH
Chaves

13. STATE
N M

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL GAS
WELL WELL OTHER

2. NAME OF OPERATOR
General Operating Company

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 12 for well.)
At surface **660' PSL & 1980' PSL at Section 21**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4276

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

**Papers have been filed to change operating name from Chaves Oil, Ltd. to
General Operating Company, effective 4/1/77.**

**The work outlined on 9-331 dated, 6/2/76, has been postponed pending
outcome of study of entire unit.**

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Donna Hollis

TITLE

Agent

DATE

5/2/77

(This space for Federal or State office use)

APPROVED BY

Joe J. Lara

TITLE

ACTING DISTRICT ENGINEER

DATE

MAY 9 - 1977

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY

APRIL 1 OCT 1 1977

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO 680-3/9

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OIL CONSERVATION COMM.
HUBBS, N. M.

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MAY 10 1977

O. C. C.
ARTESIA, OFFICE

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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator
General Operating Company

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

Effective 4/1/77

If change of ownership give name and address of previous owner **I. J. Wolfson & Weldon S. Guest dba Chavez Oil Ltd., Box 763, Hobbs, NM**

LC-060821 A

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
W Cap Queen Sand Ut. Tr 11	1	Caprock Queen Shiver	State, Federal or Fee Federal	above

Location
Unit Letter **0** ; **1980** Feet From The **East** Line and **660** Feet From The **South**

Line of Section **21** Township **14 S** Range **31 E** , NMPM, **Chaves** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 0	Sec. 21	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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
(X)								

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

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	Dbla. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

OPG BOSS BY DONNA HOLMES

(Signature)
Agent
(Title)
4/29/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

BY

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 reworked wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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APR 29 1977

U.S. CONSERVATION COMM.
HOBBBS, R. H.