## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUL 16 4 15 PM '65 U.S.G.S LAND OFFICE (RANSPORTER GAS OPERATOR PRORATION OFFICE Gulf Oil Corporation P. O. Box 670, Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Tew Well Change in Transporter of: To change well number - formerly Dry Gas Hecompletion Change in Ownership Casinahead Gas Condensate West Pearl Queen Unit No. West Pearl Queen Unit #29# Well No. 30 If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease 103 Pearl Queen - Queen Bee West Pearl Queen Unit State, Federal or Fee Location 990 Feet From The north Line and 1980 Unit Letter 195 29 , NMPM, 35E Line of Section Township Range County Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation Box, 1910, Hicland, Terras. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gaste or Dry Gas [ Phillips Petroleum Co. Phillips Building, Odess, Terras Is gas actually Rge. Twp. If well produces oil or liquids, give location of tanks. 198 7 29 35E Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) P.B.T.D. Date Spudded Total Depth Date Compl. Ready to Prod. Tubing Depth Name of Producing Formation Top Oil/Gas Pay Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE

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	Cil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL** Actual Frod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Choke Size resting Method (pitot, back pr.) Tubing Pressure Casing Pressure

## 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.

Area Production Manager

July 15, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVE	July 16	, 19 <b>65</b>
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TITLE _	Supervisor, District	/1

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 Sections I, II, III, and VI only 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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