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U.S.G.S.	
LAND OFFICE	
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-104 and C-110
 Effective 1-1-65

I. OPERATOR
 Operator _____
 Address SWP Pipe & Supply, Inc.
4600 W. Highway 80 Midland, Texas 79701
 Reason(s) for filing (check proper box)
 New Well Change in Transporter of: Oil Gas
 Recompletion Casting Condensate
 Change in Ownership _____
 If change of ownership give name and address of previous owner: Texaco, Inc. P. O. Box 728 Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Northeast Caprock Queen Unit</u>	Well No. <u>6</u>	Name, including location <u>Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>-</u>
Location Unit Letter: <u>P</u> ; <u>731</u> Feet From The <u>south</u> Line and <u>589</u> Feet From The <u>east</u>				
Line of Section <u>17</u> Township <u>12 S</u> Range <u>8 32 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____	Address (Give address to which approved copy of this form is to be sent) <u>Texas-New Mexico Pipe Line Company P. O. Box 1510 Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> _____	Address (Give address to which approved copy of this form is to be sent) <u>none</u>
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>16 12 S 32 E</u> Rgs. <u>none</u> Is gas actually connected? <u>none</u> When _____

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Reached Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GA, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING LOG 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 production 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.

 (Signature)

 (Title)

 (Date) 2/29/72

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1972, 19____

BY J. D. Ramsey
 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.

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MAY 1 1972
OIL CONSERVATION COMM.
HOBBS, N. M.