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

Form C-104  
Superseded by C-104 and C-110  
Effective 1/1/50

**I. OPERATOR**

Operator: **Rapid Company, Inc.**

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 2/1/75**

Recompletion  Oil  Dry Gas  **Formerly Eastcap Queen Unit #29**

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner: **Miller & Miller Auctioneers, Inc., 2525 Brennan Ave., Ft. Worth, TX 76102**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>State "A"</b>	Well No. <b>3</b>	Pool Name, including Permian <b>Caprock Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-7662</b>
Location				
Unit Letter <b>K</b>	<b>1980</b>	Feet From The <b>South</b>	<b>1980</b>	Feet From The <b>West</b>
Line of Section <b>34</b>	Township <b>14 S</b>	Range <b>31 E</b>	, NMPM, <b>Chaves</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  (Give address to which approved copy of this form is to be sent)

**None - Disposal Well**

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  (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 it naturally connected?	When
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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	NS	DF	Recover	Deepen	Plug Back	Shut-in	Mitt. Res'v.
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth						
Perforations		Depth Casing Set							
<b>TUBING, CASING, AND CEMENT RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SAGY				

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be run on a well producing oil and must be approved by the Commission before allowable for this well)

Date First New Oil Run To Tanks	Date of Test	(Flow, prod, gas life, etc.)	
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Shut-in Pressure (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.

*W. M. Miller*  
\_\_\_\_\_  
(Signature)

**Agent**  
\_\_\_\_\_  
(Title)

**2/5/75**  
\_\_\_\_\_  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 106.

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 107.

All sections of this form must be filled out completely for allowable for new and recompleted wells.

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