

AND  
 AL IORIZATION TO TRANSPORT OIL AND TURAL GAS

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

RECEIVED

APR 2 1975

Address Paul Stlayton  
P O Box 1936 Roswell, New Mexico 88201

**U. C. C.**  
**ARTERIA, OFFICE**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
 Recompletion ☐ Oil ☐ Dry Gas ☐  
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner W. E. Medlock Rt # 2, Box 162-D Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>Queen On. Ridge</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Willcox Undefined</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>168</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>W</u> Line and <u>660</u> Feet From The <u>S</u> Line of Section <u>36</u> Township <u>10 S</u> Range <u>26 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"/>	Address (Give address to which approved copy of this form is to be sent)
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. Pge. 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded <u>9/7/73</u>	Date Compl. Ready to Prod. <u>12/2/73</u>	Total Depth <u>851</u>		P.B.T.D. <u>850</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Penrose Queen</u>	Top Oil/Gas Pay <u>760</u>		Tubing Depth <u>830</u>				
Perforations <u>Total of 9 shots 1 Hole @ 761, 773, 783, 792, 798, 804, 814,</u>			<u>819 &amp; 830</u>		Depth Casing Shoe <u>850</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>10"</u>	<u>8 5/8"</u>	<u>160'</u>		<u>75 sx</u>				
<u>8"</u>	<u>7"</u>	<u>320'</u>		<u>Set</u>				
<u>6"</u>	<u>4 1/2 - 11 #</u>	<u>850'</u>		<u>300 sx circ.</u>				

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 <u>12/2/73</u>	Date of Test <u>12/3/73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>2 bbls</u>	Oil-Bbls. <u>1</u>	Water-Bbls. <u>1</u>	Gas-MCF <u>TSTM</u>

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.

Ruby Wickstrom  
 (Signature)

Clerk

(Title)

Apr. 1, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 2 1975

BY W. A. Gressett  
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepen 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 own well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multi-completed wells.