DISTRIBUTION SANTATE FILE U.S.G.S. LAND OFFICE I KANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C+104 Supersedex Old C-104 and ( Effective 1-1-65 AS
Humble OIL & Retg Co. Box 1600 - Midland, TExas 79701 Reasers) for tiling (Prek proper box) Other (Please explain)			
Bessen(s) for filing (Check proper box New Au)( New Au)(	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	IS DELLARD DELLARD DELLARD DELLARD DELLARD DELLARD DELLARD DELLARD DELLARD	PLATO IN THE FOOL
If change of ownership give name and address of previous owner		<b>ب</b>	894 and
. DESCRIPTION OF WELL AND LEASE $R = 3.964$			
Lease Dame	Well Ho. Pool Na	me, Including Formation	Kind of Lease
Florence B. LU	sk 1 Dout	ble LQueen (chaves)	State, Federal of Fee
Unit Letter D : 66	O_Feet From TheLin	ie and Feet From T	hoW
			1 -
Line of Section (p, Township 15-S Range 30-E, NMPM, Lea County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA		Address (Give address to which approved copy of this form is to be sent) Mid AMEVICA BICIA - MIGHAND FEXAS 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. D (0 15-5 30-E	Is gas actually connected? Whe No	n
If this production is commingled with that from any other lease or pool, give commingling order number: NO			
. COMPLETION DATA	Oil Well Gas Well		
Designate Type of Completio		New Well Workover Deepen	Plug Back   Same Res'v, Diff, Re.   
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/23/70	Z/27/70 Name of Producing Formation	1995 Top Oil/Gas Pay	Tubing Depth
Double L Queen (Chaves)	Queen	1953	1932,
Perforations 1953-1970			Depth Casing Sho <b>e</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	85/8"	392	300
41/3"	<u>4 1/2"</u> 2 3/8"	<u> </u>	350
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
3/7/70	3/7/70	Flow	
Length of Test 3hrs	Tubing Pressure	Casing Pressure	Choke Size 32/64
Actual Prod. During Test	/00 Oil-Bbls.	Water - Bbls.	Gas-MCF
90	90	0	14
GAS WELL GOR 156- Grav 363			
GAS WELL Actual Front Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANC			
CERTIFICATE OF COMPERATION	, <b>.</b> ,		
1 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 beat of my knowledge and belief.		APPROVED 19	
		BY the Contraction	
$\wedge$		TITLE NULTRALIE	
		This form is to be filed in compliance with RULE 1104.	
flicy the		If this is a request for allowable for a newly drilled or deepe	
(Minature)		well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.	
Unit Head		All sections of this form must be filled out completely for all	
3/10/70		able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of over-	
(Date)		well name or number, or transporter, or other such change of condita- Separate Forms C-104 must be filed for each pool in multi- completed wells.	