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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104  
Supersedes Old C-101 and  
Effective 1-1-65

Operator <i>Humble Oil &amp; Refg Co</i>	
Address <i>Box 1600 - Midland, Texas 79701</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner *George Foster 1971*

I. DESCRIPTION OF WELL AND LEASE		
Lease Name <i>Florence B Lusk</i>	Well No. <i>2</i> Pool Name, including Formation <i>Double L Queen (Chaves)</i>	Kind of Lease State, Federal or <u>Fee</u>
Location		
Unit Letter <i>E</i>	<i>1985</i> Feet From The <i>N</i> Line and <i>956</i> Feet From The <i>W</i>	
Line of Section <i>6</i>	Township <i>15-S</i> Range <i>30-E</i> NMPM, <i>Chaves</i>	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Seurlock Oil Corp</i>	Address (Give address to which approved copy of this form is to be sent) <i>Mid America Bldg - Midland Texas</i>
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 <i>D</i> Sec. <i>6</i> Twp. <i>15-S</i> Rge. <i>30E</i> Is gas actually connected? <i>No</i> When

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

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded <i>4-10-70</i>	Date Compl. Ready to Prod. <i>4-17-70</i>	Total Depth <i>2000'</i>	P.B.T.D. <i>—</i>
Pool <i>Double L Queen (Chaves)</i>	Name of Producing Formation <i>Queen</i>	Top Oil/Gas Pay <i>1953</i>	Tubing Depth <i>1900</i>
Perforations <i>1953-54-55-56-57-59-60-61-62-63-64</i>			Depth Casing Shoe <i>—</i>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>11"</i>	<i>8 7/8" OD</i>	<i>407</i>	<i>300</i>
<i>7 7/8"</i>	<i>4 1/2" OD</i>	<i>2000</i>	<i>300</i>
<i>—</i>	<i>2 3/8" OD</i>	<i>1900</i>	<i>—</i>

VI. 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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>4-17-70</i>	Date of Test <i>4-18-70</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>3 hrs 15 min</i>	Tubing Pressure <i>115</i>	Casing Pressure <i>325</i>	Choke Size <i>30/64</i>
Actual Prod. During Test <i>87</i>	Oil - Bbls. <i>87</i>	Water - Bbls. <i>0</i>	Gas - MCF <i>29</i>

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

VII. 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.	
<i>Ferry Int</i> (Signature) <i>Unit Head</i> (Title) <i>4-17-70</i> (Date)	
OIL CONSERVATION COMMISSION <i>APR 24 1976</i> APPROVED <i>[Signature]</i> , 19 BY <i>[Signature]</i> TITLE <i>CHIEF OF DISTRICT</i> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition. Separate Forms C-101 must be filed for each pool in newly completed wells.	