DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER 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-104 and C-
Effective 1-1-65

Operator: Humble Oil & Refg Co

Address: Box 1600 - Midland, Texas 79701

Reason(s) for filing (Check proper box)

- New Well: X
- Recompletion:
- Change in Ownership:

Change in Transporter of:

- Oil:
- Dry Gas:
- Casinghead Gas:
- Condensate:

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Florence B. Lusk	3	Double L Queen (Chaves)	State, Federal or (Fee)

Location

Unit Letter C ; 330 Feet From The N Line and 2265 Feet From The W

Line of Section 6 , Township 15-S Range 30-E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Sealock Oil Co	Mid America Bldg - Midland, Tex.
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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.	Is gas actually connected?	When
	D	6	15-S	30-E	No	No.

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/12/70	5/22/70	2030	—
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Double L Queen	Queen	1978	1894
Perforations			**Depth Casing Shoe**
1978-1982 And 1984-1989			—

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8"	406	300
7 7/8	4 1/2"	2021	200
	2 3/8"	1894	

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 allowable 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.)	
5/22/70	5/22/70	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
5 hrs	65	—	1/2
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
89	89	0	23

GOR-270 Grav 35.9

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**

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)

Unit Head

(Title)

5/26/70

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 28 1970, 19

BY Leslie A. Clements

TITLE Oil & Gas Inspector

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 Sections I, II, III, and VI only for changes of operator, well name or number, or transporter, or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.