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FILE	1	~	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
TRANSPORTER	GAS	1	
OPERATOR			
PRORATION OFFICE			
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE	OIL	<del>                                     </del>			HEC		V E D			
IRANSPORTER	GAS	1			0.07	<b>r</b> o	1977			
OPERATOR		1			UU	T 3	UII			
PRORATION OF	FICE	1 7				3. C	<u>r.</u>			
Burk Roya	ltv C	ν Ο.			j Tsia	نا . ت 1814ع	OFFICE			
Address										
800 Oil & Reason(s) for filing	(Check	B1d	g.,	Wichita Falls, Tx 7630	Other (Please explain	)				
New Well		p, o <b>p</b> o .	,	Change in Transporter of:						
Recompletion				Oil X Dry Gas	<u> </u>					
Change in Ownershi	ip			Casinghead Gas Conden	sate			i		
If change of owner										
and address of pre-	vious ov	viiei .								
DESCRIPTION O	OF WEL	L A	ND L	EASE Well No.; Pool Name, Including Fo	ormation Kind of	Lease		Lease No.		
Unit - Trac		ı Q	ueen	1 Double 'L' Que	- \ - \ \ \ - \ \ - \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ \ - \ \ \ \ \ - \	-ederal	or Fee	K-6772		
Location							··			
Unit Letter	L	_ ;	330	Feet From The W Line	e and 1650 Feet	From T	he S			
Line of Section	24		Town	nship 14-S Range	29-Е , ММРМ, С	have	S	County		
DESIGNATION O	OF TRA	NSF	ORT	ER OF OIL AND NATURAL GA	Address (Give address to which	approv	ed copy of this form is to b	e sent)		
Navaio Refi	ning	Co.	(Pi	peline Division)	Artesia. New Mexi	co		1		
Name of Authorized	Transpo	orter o	of Casi	nghead Gas or Dry Gas	Address (Give address to which	_		e sent)		
Phillips Pe	trole	um		Unit Sec. Twp. Rge.	Bartlesville, Okl	ahom				
If well produces oil give location of tan	.ks.			L 24 14-S 29-E	Yes	<u> </u>	12-72			
If this production COMPLETION I		ingle	d with	that from any other lease or pool,	give commingling order numbe		Plug Back   Same Resty.	Diff. Restv.		
Designate Ty	pe of C	Comp	letion	n - (X)	Mem Mett   Motroker   Deet					
Date Spudded				Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RA	KB, RT, (	GR, e	tc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
							Depth Casing Shoe			
Perforations					•		Bopin Gasting and			
				TUBING, CASING, AND	CEMENTING RECORD					
HOLE	ESIZE			CASING & TUBING SIZE	DEPTH SET		SACKS CEME	NT		
		····					<u> </u>			
	ND REG	UES	T FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of lo pth or be for full 24 hours)	oad oil d	and must be equal to or exc	eed top allow-		
OIL WELL Date First New Oil	l Run To	Tank	s	Date of Test	Producing Method (Flow, pump,	gas lif	t, etc.)			
					O-t- Pressure		Choke Size /) 5 /	(FA)		
Length of Test				Tubing Pressure	Casing Pressure		Poi	, 3,		
Actual Prod. Durin	g Test			Oil-Bbis.	Water - Bbls.		Gas-MCF			
							1 ala	<del></del>		
·								1		
GAS WELL Actual Prod. Test	-MCF/D			Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate			
					Casing Pressure (Shut-in)		Choke Size			
Testing Method (p	itot, bac	k pr.)		Tubing Pressure (Shut-in)						
CERTIFICATE OF COMPLIANCE			. 4/	TION COMMISSION						
de la		APPROVED 0CT 4 19/1								
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			11/12 Sesset							
above is true and complete to the best of my knowledge and belief.				best of my knowledge and belief.	SUPERVISOR, DISTRICT II					
					TITLE					
211 11 1						This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
126	<u> 163. – L</u>	1/10	(Siena	the state from must be accompanied by a tabulation of the deviation						
- O	7		Age	,	tests taken on the well in accordance with ROLL 111.					
(Title)			able on new and recomple	eted we	2118.					
9-29-77					well name or number, or tr	ausbou	I, III, and VI for chang ter, or other such change	or condition.		
			(Da	:te)	Success Porms Calif	)d	. he filed for each poo	l in multiply		