Submit 5 Copies	
Appropriate District Office	
DISTRICT I	
P.O. Box 1980, Hobbs, NM	88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088



ية. معادمة المراجع

Salita I C, New Mexico 07504-2000	
-	
REQUEST FOR ALLOWABLE AND AUTHORIZATION	
TO TRANSPORT OIL AND NATURAL GAS	

•		TO TRA	NSP	ORT OIL	AND NAT	URAL GA		<u> </u>			
Operator								Well API No.			
Happy Oil Company, I	pany, Inc.							005-6024	13		
Address		0001	1 00	20							
P. O. Drawer W. Arte: Reason(s) for Filing (Check proper box)	sia, NM	8821	<u>⊥U6</u>	49	Othe	t (Please expla	in)	;		, <u></u>	
		Change in	Transp	orter of:		•	11	4			
Recompletion	Oil		Dry G	<u> </u>			$-\langle f \rangle \leq$				
Change in Operator	Casinghea	d Gas	Conde	nsate			4				
f abance of operator give pame									211 0600		
nd address of previous operatorFri	ostman_	<u>0i1 Co</u>	rpro	ation,	P.O. Dra	wer W, A	rtesia,	<u>NM 88</u>	211-0629		
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	- · ·	Well No.	Pool N	Name, Includin	ng Formation			f Lease Federal or Fed	1	ase No.	
Falgout Federal		1	Dou	ble L Q	ueen Ass	ociated.	Scale,	Federal or Fe	NM0	493690	
Location											
Unit LetterG	_ :19	980	. Feet F	From The $\_N$	orth. Lin	and19	80 Fe	et From The.	East	Line	
			D	200	N	1D1.4		Charren		County	
Section 35 Townshi	ip 14	IS	Range	<u>29</u> E	, INF	ИРМ,		<u>Chaves</u>		County	
II. DESIGNATION OF TRAN	SPORTE	<b>R OF O</b>	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	isate		Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ni)	
	·				ļ						
Name of Authorized Transporter of Casin	ighead Gas		or Dr	y Gas XXX	Address (Giv	e address io wh	ich approved	copy of this f	'orm is to be se	nt)	
The Maple Gas Corpor	ation	·····				le Avenu			<u>s, TX 7</u>	5204	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rgc.	ls gas actuall	y connected?	When	?			
give location of tanks.	_ <b> </b>	L	<u> </u>		Yes				1/75_		
If this production is commingled with that	from any of	her lease or	pool, g	jive commingl	ing order num	ber:				æ	
IV. COMPLETION DATA	<u> </u>				1	1			10	bier n	
Designate Type of Completion	$-(\mathbf{X})$	Oil Well	I	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		npl. Ready to			Total Depth	L	I		1		
Date Spudded	Date Con	ipi. Keady u	o Piou.		Total Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing R	ormatic		Top Oil/Gas	Top Oil/Gas Pay			,	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Tubing Depth				
Perforations				<u>.</u>	1		<u></u>	Depth Casi	ng Shoe		
		TUBING	. CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		ASING & T	<u></u>		DEPTH SET			SAÇKS CEMENT			
								Post ID-3			
				<u> </u>				4	5-7-91		
								cha pp			
	_								77		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E					•		
OIL WELL (Test must be after	recovery of	iotal volume	e of loa	d oil and mus	i be equal so o	r exceed top all	owable for th	is depth or be	for full 24 hos	urs.)	
Date First New Oil Run To Tank	Date of T				Producing N	lethod (Flow, p	ump, gas lift,	eic.)			
								Choke Size			
Length of Test	Tubing P	ressure			Casing Press	aure		CHOKE SIZ	5		
					Water - Bbl			Gas- MCF			
Actual Prod. During Test	Oil - Bbl	<b>S</b> .			water - DOI:	•	2				
								l			
GAS WELL									Condensati		
Actual Prod. Test - MCF/D	Length o	A Test			Bbls. Conde	insate/MMCF		Gravity of	Condensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.)	I ubing I	rressure (Sh	ա-տ)		Cabing rice	(JEIUI-III)		Carone St	-		
VI. OPERATOR CERTIFI						OIL CO				ON	
I hereby certify that the rules and reg	gulations of t	he Oil Cons	ervatio	D I							
Division have been complied with an	nd that the in	tormation g	iven ab	ove	_			JUN	4 1991		
is true and complete to the best of m	iy knowledge	aiki denei.			Dat	e Approv	ed	~~~~		· <u> </u>	
$(\cdot, \cdot)$											
- Xichie - Alasta					By.	0	RIGINAL	SIGNED	BY		
Signature Jackie Forister Production Clerk				By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II							
<u>Jackie Folister</u>	E		Tiu		Titl	9SI	JPERVIS	JR, DISTR	RICT I		
5/22/91		746-3				·					
Date			elephon	e No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

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

4) Separate Form C-104 must be filed for each pool in multiply completed wells.