Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department at Bottom of Pag-

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Addres 306 Reason(s) for Filing (Check p Other (Please explain) New Well Recompletion Dry Gas \boxtimes Change in Operator Casinghead Gas Condensate change of operator give name ad address of previous operator I. DESCRIPTION OF WELL AND LEASE Lease Name / Arlisue Quean Well No. Pool Name, Including Formation Kind of Lease Lease No. Queen ocation Feet From The flooth Line and 1650 Range County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) NAVA O Refining Co O. Prower HITCSIANM or Dry Gas Address (Give address to which approved copy of this form is to be sent) Ph: 11:05 66 20-M-RAZA OR Bldg. BARTlesville well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When? 29€ 24 NO this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Tale Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. levations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth erforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** ast 10-3 . TEST DATA AND REQUEST FOR ALLOWABLE IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth of \$15 ful Off Volume. ate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ength of Test **Tubing Pressure** Casing Pressure Choke Size ctual Prod. During Test Oil - Bbls. Water - Bbis. Gas- MCF

I. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

JAS WELL

Printed Name

Date

ctual Prod. Test - MCF/D

sting Method (pitot, back pr.)

Signature FRE 0

746-6100 Telephone No.

By_

Date Approved

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

ORIGINAL SIGNED BY

Choke Size

Gravity of Condensate

MAY 2 8 1990

MIKE WILLIAMS

OIL CONSERVATION DIVISION

SUPERVISOR, DISTRICT IT Title.

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

Length of Test

Tubing Pressure (Shut-in)

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

Title

- 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.