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300 Rio Brazos Rd., Aztec, 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

RECEIVED

NOV 19 '90

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D. W I W
ARTESIA, OFFICE

Operator <u>ZIA Enterprises</u>	Well API No.
Address <u>P.O. Box 1306 Artesia NM 88210</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE

Lease Name <u>MAELISUE Queen</u>	Tract <u>2</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>Double 2" Queen Area</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>K-6772</u>
Location Unit Letter <u>F</u> : <u>1590</u> Feet From The <u>North</u> Line and <u>1870</u> Feet From The <u>West</u> Line Section <u>74</u> Township <u>14-S</u> Range <u>29-E</u> , NMPM, <u>CHIEFS</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NATIVE Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Drawer 159, Artesia NM 88210</u>
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)
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>F</u> <u>24</u> <u>14</u> <u>27</u>

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

IV. 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.

Signature FRED G. JONES
Name FRED G. JONES Title Owner
-15-90 505-746-6400
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By Ronald D. Jones
Title _____

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

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

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