

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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APR 04 1988

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Norwood Oil Company

Address P.O. Drawer 1029, Malakoff, Texas 75148

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Return well to production</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Iles Federal</u>	Well No. <u>6</u>	Pool Name, including Formation <u>High Lonesome Queen</u>	Kind of Lease State, Federal or Fee Federal	Lease No. <u>LC 046119</u>
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>E</u>				
Line of Section <u>17</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refinery Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 5050, Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>17</u> Twp. <u>16S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>9/24/87</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Billy C. Dawson  
(Signature)  
General Manager  
(Title)  
3-29-88  
(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 05 1988, 19\_\_\_\_  
Original Signed By  
BY Mike Williams  
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Drill. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		1827		P.B.T.D.		1825
Elevations (DF, RKB, RT, GR, etc.) 3657 DE	Name of Producing Formation Queen		Top Oil/Gas Pay		1778		Tubing Depth		11740
Perforations 1778-1802							Depth Casing Shoe 1825		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"		8 5/8 H-40		315		150 Sacks			
7 7/8		4 1/2		1825		800 Sacks Circ.			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/28/87	Date of Test 1/15/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 0.5	Oil Bbls. 0.5	Water - Bbls. 0	Gas - MCF TSTM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-1A)	Casing Pressure (Chart-1B)	Choke Size