	ANTAFE ILE 1.0.G.S. AND OF FIGE	REQUEST	MEW MEXICO OIL CONSERVATION COTTISSION PEQUEST FOR ALLOWABL AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OCT 1 6 1973		
	TRANSPORTER CIL / CAS /				
1	PROPATION OFFICE Operator OPEYACO TRO		O. C. C.		
	TEXACO Inc.				
	P. O. Box 728, Hob Reason(s) for filing (Check proper box	P. O. Box 728, Hobbs, New Mexico 88240			
	New Well Change in Transporter of: Recompletion Cit Cry Gas To Change lease name & Well no. Second L. R. Manning Fed. B! NCT-1				
	If change of ownership give name and address of previous owner	Casinghead Gas Conde	- Unit, Well No	Well No. 19 to North Benson Queen Unit, Well No. 2. Effective 10-1-73	
Ħ	DESCRIPTION OF WELL AND	LEASE			
	North Benson Queen	it Well No. Fool Name, including to 2 North Benso	on Queen State, Feder	Lease No.	
	07	90 Feet From The North Li	·····	The West	
	Line of Section 27 To	whship 18-S Pange	30-E , NMPM, Edo	ly County	
III.	Name of Authorized Transporter of OH X or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Texas-New Mexico P	ipeline Company	P. O. Box 1510, M	·	
	Name of Authorized Transporter of Ca Phillips Petroleum	singhead Gas X or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rige.		Texas 79760	
	give location of tanks.	P 28 18-S 30-E	1	11-10-64	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completic	$\operatorname{Con} - (X)$ Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Restv. Diff. Restv	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Ges Pay	Tubing Depth	
	Perforations	J		Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	RALLOWARIE (Territoria	(see see o see o et established and the see of the see of		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gos lift, etc.)				
	Date i het ive on han to ranks	Daile of Test	Preducing Method (riow, pump, gas in	it, etc.,	
	Length of Test Actual Prod. During Test	Tubing Pressure Oil - Bbis.	Caring Piessure	Choke Size	
	Actual Float, Juling Test	Ott-Bais.	Woter-Bhis.	Gas-MCF	
	GAS WELL:				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cooling Pressure (Ehut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the sules and samilations of the Off O		APPROVED OCT 1 9 1973 . 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. a. Gressett		
			TITLE OIL AND GAS INSPICTOR		
	Cille Claren II		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
-	(B) frature)			iled by a tabulation of the deviation	
	A95T. DIST. SUPT.		All sections of this form mus	t be filled out completely for allow-	
	OCT 1 5 1973		sole on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.		
	(Dat	e)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		