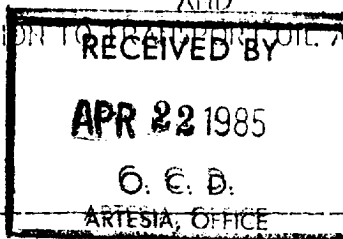


DISTRIBUTION		
AIRTEL	☒	☒
FILE	☒	☒
S.G.S.		
AND OFFICE		
TRANSPORTER	☒	☒
PERMITOR	☒	☒
REGISTRATION OFFICE		
REGULATOR		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-
Effective 1-1-65



C. E. LaRue & B. N. Muncy Jr.

P. O. Box 470 Artesia, New Mexico 88210

Person(s) for filing (Check proper box)

Well	☒	Change in Transporter of:	
Completion	☐	Oil	☐
Change in Ownership	☐	Condensate Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Block/Tract/Section/Range/Township/County	Kind of Lease	Lease No.
McClay Federal	2	Benson Queen - <i>Block</i>	Federal State, Federal or Fee	NM27276

Well Letter M ; 560 Feet From The South Line and 660 Feet From The West

Line of Section 34 Township 18 S Range 30 E , NMEM, Eddy County

SIGNATURE 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)
Navajo Refinery Company	P. O. Drawer 159 Artesia, New Mexico 88210
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	34	18S	30E	Yes	1974

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole, Diff. Depth
	☒		☒				
Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.		
4-5-85	4-15-85		3547'		3200'		
Locations (DE, RED, RI, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Turning Depth		
3429 GL	Queen		3109		3074		
Locations					Depth Casing Shoe		
3109 - 3129'					3429		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	659	375 circulated
7 7/8"	5 1/2"	3545	1100 Circulated
	2 7/8"	3074	

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 oil
able for this depth or be for full 24 hours)

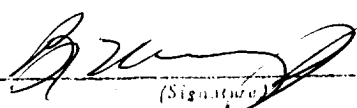
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-16-85	4-17-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	-0-	-0-	2"
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gen-MCF
	5	5	TSTM

Post ID-2
5-10-85
Comp + BK

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flow Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is in true and complete to the best of my knowledge and belief.



Operator

(Title)

April 17, 1985

(Date)

OIL CONSERVATION COMMISSION

MAY 7 1985

APPROVED _____, 19

BY _____ ORIGINAL SIGNED
BY LARRY BROOKS
TITLE _____ GEOLOGIST - NMOCB

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells, new or old, and recompleting wells.

Fill out only sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.

RECEIVED

APR 19 1985

HOSEA 2:1-4