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| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

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

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

**I. OPERATOR**

Operator STM Pipe & Supply, Inc.  
 Address 4600 W. Highway 80 Midland, Texas 79701  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of   
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Texaco, Inc. P.O. Box 728 Hobbs New Mexico 88240

**II. DESCRIPTION OF WELL AND LEASE**

|  |   |   |                         |
|--|---|---|-------------------------|
| Lease Name <u>Northeast</u>  | Well No. and Name, including Formation<br><u>13 Caprock Queen</u> | Kind of Lease<br>State, Federal or Fee <u>Fee</u> | Lease No.<br><u>Fee</u> |
| Location<br>Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>west</u> Line and <u>660</u> Feet From The <u>south</u><br>Line of Section <u>14</u> Township <u>12 S</u> Range <u>32 E</u> , NMPM, <u>Lea</u> County |   |   |                         |

**III. 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)  
Texas-New Mexico Pipe Line Company P.O. Box 1510 Midland, Texas 79701  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
none  
 If well produces oil or liquids, give location of tanks. Unit P Sec. 16 Twp. 12 S Rge. 32 E Is gas actually connected? none When

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

**IV. COMPLETION DATA**

|   |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X)          | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v. | <input type="checkbox"/> Diff. Res'v. |
| 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/Gas Pay                   |                                   | Tubing Depth                      |                                 |                                    |                                      |                                       |
| Perforations                                |                                   |                                   |                                   |                                   |                                 | Depth Casing Shoe                  |                                      |                                       |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
| HOLE SIZE                                   | CASING & TUBING SIZE              |                                   | DEPTH SET                         |                                   | SACKS CEMENT                    |                                    |                                      |                                       |
|   |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
|   |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
|   |                                   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |

**V. 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 Tanks | 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            |

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

J. Villarín  
(Signature)  
V.P.  
(Title)  
2/29/72  
(Date)

**OIL CONSERVATION COMMISSION**  
**MAR 14 1972**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Joe D. Ramey  
 Dist. I, Supv.  
 TITLE \_\_\_\_\_

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.

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OIL CONSERVATION COMM.  
HOBBS, N. M.

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