

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator C AND C OPERATING CORPORATION

Address Box 1829 HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>W.R. MEANS</u>	Well No. <u>3</u>	Pool Name, including Formion <u>VEST RANCH QUEEN</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM 0343165A</u>
Location Unit letter <u>C</u> ; <u>94C</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>EAST</u>				
Line of Section <u>2E</u> Township <u>14S</u> Range <u>3CE</u> , NMPM, <u>CHAVES</u> County				

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 CRUDE OIL PURCHASING COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. DRAWER 175, ARTESIA, N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)	
Does well produce oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>28</u> Twp. <u>14S</u> Rge. <u>3CE</u>	Is gas actually connected? <u>NO</u> When

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

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 as 'v.	<input type="checkbox"/> Diff. Rea	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.				
Lithology (DB, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Performances						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 all able 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

I. 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.

Joe A. Chenar
(Signature)

PRESIDENT
(Title)

2-5-80
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1980, 19

BY Jerry Sexton
Dist. I. Supv.

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.

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FEB 5 1980
Q.C.D. HOBBS OFFICE