

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
M.S.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator MR Oil Company

Address P. O. Box 685, Monahans, Texas 79756

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Texas American Oil Corp., 1012 Midland Savings Bldg., Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Northeast Caprock Queen Unit</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Caprock Queen</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>6927</u>
Location				
Unit Letter <u>K</u>	: <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>16</u>	Township <u>12 S</u>	Range <u>32 E</u>	NMPM, <u>Lea</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Refining Company</u>	<u>P. O. Box 980, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>16</u> Twp. <u>12 S</u> Rge. <u>32 E</u>
Is gas actually connected?	<u>No</u>

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 Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations					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 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wm Peak
(Signature)

Comptroller
(Title)

September 23, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 6 1983, 19
ORIGINAL SIGNED BY EDDIE SEAY
BY OIL & GAS INSPECTOR
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.
Separate Forms C-104 must be filed for each pool in multiple well.

RECEIVED
SEP 29 1983
G. S. S.
HOBBS OFFICE