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SANTA FE, NEW MEXICO 07501.

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FILE	
M.C.B.	
LAND OFFICE	
TRANSPORTER	OIL - GAS
OPERATOR	
PRODUCTION OFFICE	

MR Oil Company

P. O. Box 685, Monahans, Texas 79756

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

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

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Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Northeast Caprock Queen Unit	9	Caprock Queen	State	6927

Location  
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East  
Line of Section 16 Township 12 S Range 32 E , NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
Southern Union Refining Company					P. O. Box 980, Hobbs, New Mexico 88240	
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)	
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	16	12 S	32 E	No	

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

### COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug 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/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

[illegible]

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)

OIL WELL			
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

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.

Umatzah

Comptroller

September 23, 1983

(Pair)

OIL CONSERVATION DIVISION  
OCT 6 1983

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY EDDIE SEAY  
OIL & GAS INSPECTOR

**TITLE**

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 III.

All sections of this form must be filled out completely for allowable 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 completed wells.

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