III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil Concentration         Texas-New Mexico Pipe Line Company         P. O. Box 1510         Name of Authorized Transporter of Casinghead Gas         Incase         Incase	exico 88249 ee Lease No. al or Fee State: The <u>east</u> Ea <u>County</u> ved copy of this form is to be sent)
FILE       PEQUEST FOR ALLOWABLE         U.S.G.S.       AND         VAND OFFICE       AUTHORIZATION TO TRANSPORT OIL AND NATURAL         IRANSPORTER       OIL         IRANSPORTER       OIL         OPERATOR       OIL         OPERATOR       OIL         OPERATOR       OIL         OPERATOR       OIL         OPERATOR       OIL         OPERATOR       OIL         AddRef Pipe & Supply, Inc.       Addref Proce         Addref Pipe & Supply, Inc.       Addref Proce         Addref Pipe & Supply, Inc.       Change a Distribute         Addref Pipe & Supply, Inc.       Other (Please explain)         Seconds for filing (Check proper box)       Change a Distribute         Seconds for filing (Check proper box)       Costability         Change in Ownership give name and address (Development of OIL       Costability         If change of revership give name and address (Caprock Vell No.       P. O. Box 728         Hobbs, New M       DESCRIPTION OF WELL	Supersedes Old C-104 and C-1 Effective 1-1-65 GAS exico 88249 ee Lease No. al or Fee State The <u>east</u> ea County
AND U.S.G.S. U.AND OFFICE U.S.G.S. U.AND OFFICE U.S.G.S. U.AND OFFICE AND OFFICE AUTHORIZACTION TO TRANSPORT OIL AND NATURAL AUTHORIZACTION TO TRANSPORT OIL AND NATURAL OPERATOR OPERATOR OPERATOR AddAtts Procentia OPERATOR AddAtts Procen	Effective 1-1-65 GAS exico 88249 exico 88249 ie Lease No.  The <u>east</u> Ea <u>County</u> ved copy of this form is to be sent)
U.S.G.S.       AUTHORIZACION TO TRANSPORT OIL AND NATURAL         I. AND OFFICE       OIL         I. PROFATOR       OIL         OPERATOR       OIL         Address       Supply, Inc.         Address       Address         Address       Supply, Inc.         Address       Gas         Operator       OIL         Address       Prove Attorn of thing (Check proper box)         Sw Well       Other (Please explain)         Owner thu       Change of recentship give name and address of prove ous owner         Texaco, Inc.       P. O. Box 728         Hobbs, New M       Mobbs, New M         I. DESCRIPTION OF WELL AND LEASE       Caprock Queen         Locatice       Unit Letter       P         Unit Letter       P       731         Locatice       Intere of Section       State, Feder         Locatice       Intere of Section       Address (Give address to which appro         Lase of Section       IT       Townabip	GAS exico 88249 exico 88249 Lease No. al or Fee State: The east County ved copy of this form is to be sent)
AUTHORIZED TO NOT RANSPORT OIL AND NATURAL         I. PROFATOR         OPERATOR	exico 88249 ee Lease No. al or Fee State: The <u>east</u> Ea <u>County</u> ved copy of this form is to be sent)
I RANSPORTER       OIL         OPERATOR       ON         PROPATION OFFICE       Operator         Address       Operator         Address       Address         Address       Pipe & Supply, Inc.         Address       Address         Address       Pipe & Supply, Inc.         Address       Address         Address       Pipe & Supply, Inc.         Address       Other (Please explain)         Seconpletion       Oil         Change in Owner Hu       Change is travership of its official of the operator         If change of respersive ous owner       Texaco, Inc.       P. O. Box 728       Hobbs, New M         If change of respersive ous owner       Texaco, Inc.       P. O. Box 728       Hobbs, New M         If change of respersive ous owner       Texaco, Inc.       P. O. Box 728       Hobbs, New M         II       DESCRIPTION OF WELL AND LEASE       Kind of Lease       State, Feder         Location       Queen Unit       6       Caprock Queen       State, Feder         Location       IT       Township       12 State of All State of State	ee Lease No. al or Fee State
I.       PROFATION OFFICE         Operator         Address       Address         Address       Properator         Address       Address         Address       Properator         Other       Other         Change a frame and address       Other         Address       Proveneship         Bit DESCRIPTION OF WELL AND LEASE       Inc.         Lence Northeast Caprock       Netting         Construction       Kind of Lease         Construction       Caprock Queen         Location       17         Township       12 S         Properator       Address (Give address to which appropriator of Otter         Location       Address (Give address to which appropriator of Otter         Location       Properator       Address (Give address to which approprisof Address to which approprisof Address (Give address	te Lease No. al or Fee State
OPERATOR         PROPATION OFFICE         Operator         Address         Operator         Other (Please explain)         Other (Please exp	te Lease No. al or Fee State
I. PROPATION OFFICE Operator Address of supply, Inc. Address (Give address to which approx Unit Letter P 1731 Feet Inc. Description 17 Township 12 S Range 3 32 E , NVPM, L DESIGNATION OF TRANSPORTER OF OIL AND LANE NATURAL GAS Note of Authorized Transporter of Casinghead Gas Name Captor of Casinghead Gas Name Captor of Casinghead Gas	te Lease No. al or Fee State
Operator         Address Pipe & Supply, Inc.         See Con(s) for Filing (Check proper box)         See Wall         See Conjection         Off         Change in Owner Fig         Other (Please explain)         Off         Other (Please explain)         See Completion         Off         Change in Owner Fig         Other (Please explain)         See Completion         Off         Change in Owner Fig         Outer of concerthing         Outer of Section         If change of Section         If concerthing         If concerthing      <	ie Lease No. al or Fee State
4600 V. Highway 80       Midland, Texas       79701         Reconsistor thing (Check proper box)       Other (Please explain)         Sw Well       Change of thing (Check proper box)         Sw Well       Other (Please explain)         If change of conserving of method       Other (Please explain)         If change of conserving of method       If change of conserving of method         If change of conserving of method       Kind of Lease         If change of conserving of method       Kind of Lease         If change of conserving of method       Kind of Lease         If change of conserving of method       Kind of Lease         Unit Letter       P       731         If conserving of of other       If conse of addr	ie Lease No. al or Fee State
46.00 V. Highway 80       Midland, Texas       79701         Ret. on(s) for filing (Check proper box)       Other (Please explain)         w Well       Change of filing (Check proper box)         w Well       Other (Other (Please explain)         Secompletion       Other (Please explain)         If change in Owner high       Costnybar         If change of convership give name and eddress of prover ous owner       Texaco, Inc. P. O. Box 728         Hobbs, New M         II. DESCRIPTION OF WELL AND LEASE         Leave Name Northeast Caprock         Well Mc.       Gaprock Queen         State, Feder         Location         Unit Letter       P         731       Feet Transmouth         Location       17         Location       12         State of Section       17         Location       28         Mathematical Transporter of Other       or build of the provention of the address to which approx         None of Authorized Transporter of Other       or build of the provention of the address to which approx         Name of Authorized Transporter of Casinghead Gas       or build of the provention of the address to which approx         None of Authorized Transporter of Casinghead Gas       or build of the provention of the provention of the provention of the provent	ie Lease No. al or Fee State - The east ea County ved copy of this form is to be sent)
Sew Well       Change of Line provements         Change in Ownership       Oil         Change in Ownership       Costnation         If change of contership give name and address of previous owner       Texaco, Inc.       P. O. Box 728         Hobbs, New M         II. DESCRIPTION OF WELL AND LEASE         Leave Name Northeast Caprock       Well No.       State, Feder         State, Feder         Location       6       Caprock Queen         Unit Letter       P       731       Feet Trans Bouth         Line of Section       17       Township       12       Range 8       32       E         Line of Section       17       Township       12       Range 8       32       E       NMPM,       L         I. DESIGNATION OF TRANSPORTER OF OIL AND NETURAL GAS       Name of Authorized Transporter of Oil Transporter of Casinghead Gas       Address (Give address to which approxed for address to which approxed for address (Give address to which approxed for address	ie Lease No. al or Fee State - The east ea County ved copy of this form is to be sent)
Becompletion       Oil	te Lease No. al or Fee State
Change in Ownership       Castnybou       Costnybou       Costnybou       Costnybou         If change of contership give name and address of previous owner       Texaco, Inc.       P. O. Box 728       Hobbs, New M         I. DESCRIPTION OF WELL AND LEASE Leave Name Northeast Caprock Queen Unit       Well No.       State, Peder       Kind of Lease State, Feder         Location       Unit Letter       P       731       Feet Total To South       State, Feder         Location       If Township       I2 S       Bange & 32 E       NMPM,       L         DESIGNATION OF TRANSPORTER OF OIL AND NATERAL GAS       Address (Give address to which appro       Texas-New Mexico Pipe Line Company       P. O. Box 1510       M         Name of Authorized Transporter of Oil Casinghead Gas       Indices for address to which appro       No. Box 1510       M	ie Lease No. al or Fee State - The east ea County ved copy of this form is to be sent)
Costnybra       Costnybra       Costnybra         If change of convership give name and address of previous owner       Texaco, Inc. P. O. Box 728       Hobbs, New M         I. DESCRIPTION OF WELL AND LEASE Leave Name Northeast Caprock       Well No.       State, Feder         Leave Name Northeast Caprock       Well No.       State, Feder         Location       Unit Letter       P       731         Unit Letter       P       731       Feet Town South       Item and 589         Location       If the of Section       17       Township       12       Range 8       32       NMPM,       L         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Note of Authorized Transporter of OIL Company       P. 0. Box 1510       M         Name of Authorized Transporter of Casinghead Gas       Address (Give address to which appro         Texas-New Mexico Pipe Line Company       P. 0. Box 1510       M         Idente of Authorized Transporter of Casinghead Gas       Address (Give address to which appro         Idente of Authorized Transporter of Casinghead Gas       Address (Give address to which appro         Idente of Authorized Transporter of Casinghead Gas       Address (Give address to which appro	ie Lease No. al or Fee State
and address of previous owner       Texaco, Inc.       P. O. Box 728       Hobbs, New M         I. DESCRIPTION OF WELL AND LEASE       Image: State of the second	ie Lease No. al or Fee State The east ea County ved copy of this form is to be sent)
Lease Name Northeast Caprock       Well No.       Mell No.       State, Feder       State, Feder         Unit Letter       P       731       Feet Form       South       Mell No.       South       South       South       South       Mell No.       State, Feder         Line of Section       17       Township       12 S       Range 8       32 E       NMPM,       L         1. DESIGNATION OF TRANSPORTER OF OIL ANE NATURAL GAS       Medress (Give address to which appro       Address (Give address to which appro         Name of Authorized Transporter of Oil Transporter of Casinghead Gas       Transporter of Casinghead Gas       Medress (Give address to which appro         Name of Authorized Transporter of Casinghead Gas       Transporter of Casinghead Gas       Medress (Give address to which appro         Name of Authorized Transporter of Casinghead Gas       Transporter of Casinghead Gas       Medress (Give address to which appro	al or Fee State
Owneen Unit       6       Caprock Queen       State, Feder         Location       P       731       Feet Tran to south       589       Feet From         Line of Section       17       Township       12 S       Range 8       32 E       NMPM,       L         I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       NMPM,       L       L         Name of Authorized Transporter of Oil Contractore       Address (Give address to which appro         Texas-New Mexico Pipe Line Company       P. O. Box 1510       M         Name of Authorized Transporter of Casinghead Gas       State Date of Authorized Transporter of Casinghead Gas       State Date of Authorized Transporter of Casinghead Gas         Incide       Unit       State       State Date of Authorized Transporter of Casinghead Gas       State Date of Authorized Transporter of Casinghead Gas	al or Fee State
Queen Unit       6       Caprock Queen       State, Feder         Location       Unit Letter       P       731       Feet Torn To south       589       Feet From         Line of Section       17       Township       12 S       Range 8       32 E       NMPM,       L         I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       None of Authorized Transporter of Oil Contractions       Address (Give address to which appro         Texas-New Mexico Pipe Line Company       P. O. Box 1510       M         Name of Authorized Transporter of Casinghead Gas       State Cive address to which appro         Inche       Unit       State       State	The <b>County</b>
Location       P       731       Feet From Bouth       Item and       589       Feet From         Line of Section       17       Township       12       8       32       E       NMPM,       L         DESIGNATION OF TRANSPORTER OF OIL AND NOTURAL GAG         None of Authorized Transporter of Oil Company       Address (Give address to which appro         Texas-New Mexico Pipe Line Company       P. O. Box 1510       M         Name of Authorized Transporter of Casinghead Gas       address (Give address to which appro         Item       Sec       address (Give address to which appro	ea County ved copy of this form is to be sent)
Line of Section 17 Township 12 S Range 8 32 E , NMPM, L DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil C or Company Address (Give address to which appro Texas-New Mexico Pipe Line Company P. O. Box 1510 M Name of Authorized Transporter of Casinghead Gas Address (Give address to which appro ncase	ea County ved copy of this form is to be sent)
Line of Section 17 Township 12 S Range 32 E , NMPM, L DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Authorized Transporter of Oil C or Company Address (Give address to which appro Texas-New Mexico Pipe Line Company P. O. Box 1510 M Marke of Authorized Transporter of Casinghead Gas Address (Give address to which appro ncne	<b>Ea</b> County ved copy of this form is to be sent)
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     None of Authorized Transporter of Oil      or Contrastice     Address (Give address to which appro     Texas-New Maxico Pipe Line Company     P. O. Box 1510     M     Hate of Authorized Transporter of Casinghead Gas     Inche	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil Contact are and the state of Authorized Transporter of Oil Contact are and the state of Authorized Transporter of Casinghead Gas       Address (Give address to which appropriate of Casinghead Gas         Name of Authorized Transporter of Casinghead Gas       Address (Give address to which appropriate of Casinghead Gas         ncne       Interval	
Texas-New Mexico Pipe Line Company     P. O. Box 1510     M       Name of Authorized Transporter of Casinghead Gas     Address (Give address to which appronents)       ncne	
101e	Luidill, ICAdo 17701
	and some of this farm is as I
	vea copy of this form is to be sent)
	en
give location of tanks. P 16 12 S 32 E none	
If this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA	
Designate Type of Completion - (X)	Plug Back Same Resty, Diff. Resty
r Date Compl. Reads to Proc	P.B.T.D.
Elevations (DF, RKB, RT, GA, etc., Name of Producing To matica Tab Cil/Jas Pay	Tubing Depth
Perforations	Depth Casing Shoe
TUBING	
HOLE SIZE CASING & TUP: 한 혐오트 DEPTH SET	SACKS CEMENT
. 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 allow
OIL WELL able you this I show be for full 24 hours)	
Date First New Oil Run To Tanks Date of Test Perducing Method (Flow, pump, gas li	ft, etc.)
Length of Test Tubing Pressure Coaing Pressure	Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bris.	Gos-MCF
GAS WELL	
GAS WELL         Actual Prod. Test-MCF/D         Length of Test         Ebis. Condensate/MMCF	Gravity of Condensate
	Gravity of Condensate
	Gravity of Condensate Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Construction have been complied with and that the information give above is true and complete to the best of my four ledge and  $h^{-1}$ 

OIL CONSERVATION COMMISSION
APPROVED MAR 1 4 1972 19
Cined by
Je D. Ramey
TITLE Dut. I, Supv.

A Mulliance
(Signature)
(Tule) <i>3/129/72</i> (Date)

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 allowably on new and recompleted wells.

Pill 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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RELESS VED

OIL CONSELECTION COMM. HOUES, N. M.