NO. OF COPIES RECEIVED				
DISTRIBUTION	1157715716001	OUSED LATION COMMISSION	C. Form C-104	
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION		
FILE			Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TOA	AND HILL AND NATURAL G	dg <sup>*</sup> .	
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATORAL'S	A3	
TRANSPORTER OIL	-	Jun :		
GAS	-			
OPERATOR DESIGN				
PRORATION OFFICE Operator				
	a Company of Texas			
P. O. Box 131. B Reason(s) for filing (Check proper box		Other (Please explain)		
New Well		Other (Flease explain)		
Recompletion	Change in Transporter of: Oil Dry Gas	_		
Change in Ownershi	Casinghead Gas Conden	<b>=</b> 1		
Change in Swhershi	Cdsinghedd Gds Conden	isde [_]		
•	troleum Corporation of To	exas, P.O. Box 752, Brec	kenridge lexas	
DESCRIPTION OF WELL AND Lease Name	Well Me Deal Mar	me, Including Formation	Kind of Lease	
	Tract 3		7	
North Caprock Queen	Init No. 1   6   Cap	rock Queen Lea	State, Federal of Fee State	
	1650 North	2970	East	
Unit Letter;;	1650 Feet From The North Line	e andFeet From 1	The Court	
Line of Section 3.1. To	wnship 12S Range	32E , NMPM,	lea County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of Oil		Address (Give address to which approx	ed copy of this form is to be sent)	
Service Pipe Line		Box 337, Midland, I		
Name of Authorized Transporter of Ca None	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
**	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
If well produces oil or liquids, give location of tanks.	E 31 12S 32E	<u> </u>		
If this production is commingled wi	th that from any other lease or pool,		Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completi	on - (X) 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.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TURING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		+		

V. 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 allowable for this depth or be for full 24 hours)

VIL WELL					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Frod. During Test	Cil-Bbls.	Water - Bbls.	Gas - MCF		

GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) Choke Size Tubing Pressure Casing Pressure

OIL CONSERVATION COMMISSION I. 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. 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. Tavid Day

Chief Produce

(Title)

May 18, 1965 (Date)

n Clerk All sections of this form must be filled our completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiply