

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-1
Supersedes C-104 and C-110
Effective 1-1-60

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Rapid Company, Inc.
Address
c/o Oil Reports & Gas Services, Inc., Box 763, 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)
Notes: Well to be plugged as per C-103 dated 6/27/74
If change of ownership give name and address of previous owner
Miller & Miller Auctioneers, Inc., 2525 Brennan Ave., Ft. Worth, TX 76102

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rainbow Queen Unit	Well No. 23	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee State	Lease No. E-3277
Location Unit Letter E ; 1980 Feet From The North Line and 330 Feet From The West Line of Section 35 Township 14 S Range 31 E , NMPM. Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form will be sent)	
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 will be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is well actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Deepen	Plug Back	Shut-in	Refr.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Formation	Tubing Depth				
Perforations					Depth Casing Set		
TUBING, CASING, AND CEMENT							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recompletion or after a flow of oil and must be allowable for this depth of well.)

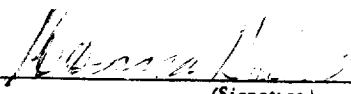
Date First New Oil Run To Tanks	Date of Test	Flow (oil, gas, water, etc.)	
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - MCF	Gas - MCF



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Water - MCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Agent
(Title)
2/5/75
(Date)

OIL CONSERVATION COMMISSION
APPROVED 
BY 
TITLE _____
This form is to be filed in compliance with Rule 104.
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 104.
All sections of this form must be filled out completely for allowable 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.