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LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.</small>	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Injection Well	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator TOM BIUS	5. State Oil & Gas Lease No. --
3. Address of Operator 304 Wall Towers West, Midland, Texas 79701	7. Unit Agreement Name --
4. Location of Well UNIT LETTER H 1650 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 12S RANGE 31E N.M.P.M.	8. Farm or Lease Name N. Caprock Queen Unit #1
	9. Well No. Tract 8 - Well No. 8
	10. Field and Pool, or Wildcat Caprock Queen Lea
11. Elevation (Sea Level or Other (F, KT, Gk, etc.)) 4394 GR.	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENTED ON LING. CPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CORRECT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANE <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe proposed or completed operations (Clearly state all pertinent data, including estimated date of starting any proposed work). SEE RULE 1103.

Work approved August 25, 1969 was never completed.

Status: Temporary Plug & Abandon, unless notified

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED Tom Bius	TITLE Operator	DATE 8-14-70
APPROVED BY [Signature]	TITLE Commissioner	DATE 8-14-70
CONDITIONS OF APPROVAL, IF ANY:		

LTR



Job separation sheet

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	GAS	
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PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator

Address

TOM BIUS

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

New Well ☒ **304 Well Towers West, Midland, Texas 79701**

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of owners ☒ give name
and address of previous owner

American Petrofina Company of Texas, P. O. Box 1311, Big Spring, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
			State, Federal or Fee	
Location Tract 8				
North Caprock Queen Unit #1				
Unit Letter	Feet From The	Line and	Feet From The	State
Line of Section H	1450	North	330	East
Township		Range	NMPM,	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 is to 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 is to be sent)
Water Injection Well	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually collected? 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)	Old Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Total Gas Pay	Tubing Depth				
Perforations				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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)

Tom Bius
Operator (Title)

8-1-70 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 11 1970**, 19
BY **John W. Runyan**
TITLE **Geologist**

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 multiply

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AUG 1 1970

OIL CONSERVATION COMM.
HOUSTON, N. H.