STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		1	
FILE			
U.8.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			_

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Depend of		
Circle Ridge Production Inc.		
Address		
c/o Oil Reports & Gas Services, Inc. P. O. Box	x 755, Hobbs, NM 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
Recompletion Oil D	Effective 11/1/86	
Change in Ownership Casinghead Gas C	Condensate	
If change of ownership give name and address of previous owner Great Western Drlg. Co.	P. O. Box 1659, Midland, TX 79701	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including F	le de la constant de	
Rock Queen Unit Sec 23 4 Caprock Queer	State, Federal or Fee State E-7659	
Unit Letter D : 660 Feet From The North Lin	ne and 660 Feet From The West	
Line of Section 23 Township 13S Range 3	IE , NMPM, Chaves County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate None - Injection Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks.	is gas actually connected? When	
If this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.	· · · · · · · · · · · · · · · · · · ·	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED NAV 1 8 1986 . 19	
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY TOXYON	
	DISTRICT I SUPER WAND	
	TITLE	
This form is to be filed in compliance with RULE		
(Signature)	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.	
Agent (Title) All sections of this form must be filled out complete the complete out complete the complete out complete the complete out complete the complete out complete out complete the complete out complete o		
11-13-86 (Date)	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.	