Supersedes Old C-104 and C-110

NEW MEXICE DIE CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Chave Oil Ltd. c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Effective May 1, 1972 Recompletion 011 Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name Cities Service Oil Co., Hobbs, New Mexico and address of previous owner \_\_\_\_\_ II. DESCRIPTION OF WELL AND LEASE NM-03927 Drickey Queen Well No. Pool Name, Including Formation Caprock Queen Kind of Lease Legse No. Sand Unit Tract State, Federal or Fee Federal above Location Unit Letter\_\_\_ : 1980 Feet From The South Line and 660 East Feet From The 13 S 31 E Line of Section Chaves Township Range NMPM, County Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas 79701 Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas . Address (Give address to which approved copy of this form is to be sent) Unit Is gas actually connected? If well produces oil or liquids, Twp. When 145 31E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Plug Back | Same Res'v. Diff. Res'v. Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/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 (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) OIL WELL 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 OIL CONSERVATION COMMISSION MAY 4 1972 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. APPROVED Orig. Signed by BY\_ Joe D. Ramey

Wer in Waller	
(Signature)	
 Agent	
(Title)	
May 3, 1972	
(Date)	

Dist. I, Supv. 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.

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 comp: ....

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OIL CONSERVATION COMM. HOBES, N. D.