

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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NO. OF SPICES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Circle Ridge Production, Inc.

Address: c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, N.M. 88241

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain): <u>Effective 3/19/88</u>
<input type="checkbox"/> Recompletion		
<input checked="" type="checkbox"/> Change in Ownership		

Change of ownership give name and address of previous owner: General Operating Co., Suite 1007 Ridglea Bank Bldg., Ft. Worth, Tx 76116

DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Drickey Queen</u>	Well No.: <u>6</u>	Pool Name, including Formation: <u>Caprock Queen</u>	Kind of Lease: <u>Federal</u>	Lease No.: <u>NA-03927</u>
Sand Unit Tract <u>13</u>			State, Federal or Fee	Above

Location: Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 33 Township 13S Range 31E, NMPM, Chaves County

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)
<u>None - Injection Well</u>	
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)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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.

CERTIFICATE OF COMPLIANCE

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 my knowledge and belief.

Thomas J. Valdez
(Signature)
Agent
(Title)
3/24/88
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 29 1988, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 completed wells.

MAR 2 1988
CCE
HOBBS CENTER