UIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND ປ**.s.g.s.** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operat Chaves Oil Ltd. Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective May 1, 1972 Recompletion Oil Dry Gas Change in Ownership 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 Lease Name Drickey Queen | Well No. NM-03927 Pool Name, Including Formation Kind of Lease Lease No. Caprock Queen Sand Unit Tract 6 State, Federal or Fee Federal above Location 1980 Feet From The South Line and 1900 Feet From The **East** Unit Letter 31 E 13 S Chaves 33 Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Twp. Unit Sec. P.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Same Res'v. Diff. Res'v. Designate Type of Completion -(X)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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Water - Bbls. Actual Prod. During Test Oil-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

ve is tr	ue and complete to the best of my knowledge and beli
	Westera Holles (Signature)
	(Signature) Agent
	(Title) May 3, 1972
	(Date)

OIL CONSERVATION COMMISSION

County

APPROVED_ Orig. Signed by BY_ Joe D. Ramey TITLE _ Dist. I, Supv.

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 complete

with it is a poster for the street of extension

n esti sitemas. O esti sitemas.

1988 B. Barrell

.

Salar Sa

gen and gen and kind gen Amerikan and amerikan adalah den anggan dengan

RECEIVED

MAY 3 1972

OIL CONSERVATION COMMI.
HOBBS, N. M.

State of the