## NEW MEXICE OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.\$. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL 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 OII 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 Well No. Pool Name, Including Formation Well No. Pool Name, Including Formation NH 03927 Caprock Queen Sand Unit Tract State, Federal or Fee 13 Federal. Location <u>abova</u> Unit Letter\_ \_\_ Feet From The \_\_\_\_\_Line and \_\_\_ 660 660 Feet From The 13 S 31 E Chaves Township Range Line of Section NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas \_\_\_\_\_ or Dry Gas \_\_\_\_ Address (Give address to which approved copy of this form is to be sent) P.ge. Unit Sec. Twp. 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 New Well Workover Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth 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 Choke Size Casing Pressure 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

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Wonna Holles	
(Signdture)	
Agent	
(Title)	

Tubing Pressure (Shut-in)

May 3, 1972

(Date)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

APPROVED MAY 4 19/2, 19

Orig. Signed 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 completed media

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