## HEW MEXICE OIL CONSERVATION COMMISSIC Form C-104 SANTA FE REQUEST FOR ALLOWABI Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Chaves 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 Oil Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ Cities Service Oil Co., Hobbs, New Mexico II. DESCRIPTION OF WELL AND LEASE NN-04246 Lease Name Drickey Queen Well No. Pool Name, Including Formation Kind of Lease Legse No. Caprock Queen Sand Unit Tract State, Federal or Fee Federal above 430 Feet From The **South** Line and 2310 \_ Feet From The \_ 31 E Chaves 13 S Range Line of Section 33 Township , 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) 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. Rge. Unit Sec. 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 Gas Well New Well Workover Deepen Plug Back 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 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

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.

| llenna Halles |  |
|---------------|--|
| (Signature)   |  |
| Agent         |  |
| (Title)       |  |
| May 3, 1972   |  |

(Date)

OIL CONSERVATION COMMISSION

4 1972 MAY APPROVED ..... Orig. Signed by BY\_ Joe D. Ramey 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

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MLM 3 1072

OIL CONSERVATION COMM. HOBBS, N. D.