NEW MEXICS OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PROBATION 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) New Well Change in Transporter of: Effective May 1, 1972 Oil Dry Gas Recompletion Change in Ownership 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 Lease Name Drickey Queen Wo Well No. Fool Name, Including Formation Kind of Lease Caprock Queen State, Federal or Fee Sand Unit Tract State B : 660 Feet From The North Line and TOON Feet From The Fort Unit Letter 31 E 13 S 35 Township Range NMPM, Line of Section 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) P.ge. When Unit Sec. Twp. Is gas actually connected? 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 Same Res'v. Diff. Res'v. Gas Well New Well Workover Oil Well Deepen Plua Back Designate Type of Completion = (X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls, Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing 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.

	11.	
<u></u>	(Signature) Agent	() (2)
	(Title) May 3, 1972	
	(Date)	

OIL CONSERVATION COMMISSION

Lease No.

NM-301

County

APPROVED	MAY	4 1972
AFFROVED		Orig. Signed by
BY		Joe D. Ramey
<u> </u>		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....

Carry

delete to the control of the control

in the contract of the contrac

RECEIVED

M. Y 5 1972

1 - 911 CONSERVATION COMM. HABBLE N. ..