10, Hobbs, NM 84240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT H.
P.O. Desser DD, Assesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

8 Rd., Aziec, NM 87410

7			-			AUTHOF ATURAL (
L. Operator		10 170	ANOF	ONI OI	L AND IV	TONAL		API No.		-	
Circle Ridge Production, Inc.								30-005-00924			
c/o 011 Reports & G	as Servic	es, Ir	nc.,	P.O. B	ox 755,	Hobbs, 1	NM 88241				
Reseas(s) for Filing (Check proper be	12)				□ o	ther (Please ex	plain)				
New Well	•	Change is		_	_						
Recompletion	Oil Casinghe		Dry G	_	E	ffective	11/1/8	9			
· · · · · · · · · · · · · · · · · · ·	CAMPAGE		COBOS	#199E							
if change of operator give name and address of previous operator			 .			 				 	
II. DESCRIPTION OF WEI	LL AND LE	ASE									
Lesse Name Drickey Que	Queen Well No. Pool Name, Incl									esse Na	
Sand Unit Tra	ct 37	4	Ua	prock (freev		State	State, Federal se Fee		E-5988	
Unit LetterG	. 19	80	_ Feet F	rom The	North Li	ne and	.980 r	eet From The _	East	Line	
Section 35 Town	aship 13	<u>s</u>	Range	31	E , N	IMPM,	Chaves	· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TR	ANSPORTE	R OF O	IL AN	D NATU	RAL GAS	<u> </u>					
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form is to be sent)						
Phillips Petroleum Co Trucks Name of Authorized Transporter of Casinghead Gas or Dry Gas					4001 Penbrook, Odessa, Texas 79762 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Ci	ungness Cas	L	or Dry		Address (G	we address to v	vhick approve	copy of thus for	m is to be s	ENI)	
If well produces oil or liquids, give location of tracks.	Unit L							2 7			
I this production is commingled with U. COMPLETION DATA	hat from any oth	er iense or	pool, giv	ve comming	ling order sum	ober:					
Designate Type of Complete	on - (X)	Oil Well	7	Gas Well	New Well	Workover	Despen	Plug Back S	ame Res'v	Diff Res'v	
Date Specified	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Committee (CDE AFER AFE CO. 14.)	No-s of B	-A F-			Top Oil/Gas	Pav				·	
Devairons (DF, RKB, RT, GR, etc.) Name of Producing Formation					lop on on	••,		Tubing Depth			
Personations ,					•			Depth Casing Shoe			
	T	TUBING, CASING AND				NG RECO	SD.	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	1										
TEST DATA AND REQU				.:	h		lawahla fan shi	. daadh an ba Gan	6.11 24 have)	
OLL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Rus To Task Date of Test						t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
		-				,		·			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL ACRES FROM Text - MCF/D	Il comb of t	~~			Bbls, Conder	A D (CF		10	daniata		
ACRES FIGH. 168 MICHU	(Length of 1	Length of Test				MMCP		Gravity of Condensate			
osting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
/I. OPERATOR CERTIFI	CATE OF	COMP	LIAN	CE			ICEDY	ATIONID	NACIO	\N1	
I hereby certify that the rules and rep					'		NOEHV	ATION D	141210	ИN	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					Date Approved OCT 1 8 1989						
Month I alles					_						
Company					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Donna Holler Printed Name Title							ואונות	CLISUPERV	ISOR		
10/16/89		505 – 39	3-272		Title						
Date		Telep	bone No).							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.