Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Deswer DD, Assesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Bennes Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSPO	ORT O	L AND NA	TURAL	SAS				
Openior Circle Pidge Producti	Weil API No.										
Circle Ridge Production, Inc. Addres c/o Oil Reports & Gas Services, Inc., P.O. Box						30-005-00971					
Resecuta for Filing (Check proper box)	Servic	.es, 1r	nc., F	•0. В							
New Well Recompletion Change in Operator	Oil Casinghea	Change in [C]	Dry Gas	. 🛚	_	er (Please exp	·	9			
if change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASR						<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Lease Name Drickey Queen Sand Unit Tract				of Lease							
Location	_6	18	1			· · · · · · · · · · · · · · · · · · ·			1 10-0	108474	
Unit LetterC	_ :661	4.75	. Feet Fro	m The _	North Lin	e and19	80 r	eet From The	West	Line	
Section 3 Townshi	ip 14 S	S	Range	31	E , N	МРМ,	Chaves			County	
III. DESIGNATION OF TRAN	SPORTE			NATU							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be see Phillips Petroleum Co Trucks Address (Give address to which approved copy of this form is to be see 4001 Penbrook Odessan Taxon 70740									ini)		
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)						
The state of the s										(M)	
f well produces oil or liquids, Unit Sec. ve location of tanks. L 3			Twp. 14S	Rge. 31E	Is gas actually connected? Who			:a ?			
If this production is commingled with that	from any other					ber:			 		
IV. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·	,								
Designate Type of Completion	- (X)	Où Well	Ga	us Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. 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						
						 	· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CEMENTI		D								
1842 642	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				·	<u> </u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume o	f load oil	and must	be equal to or	exceed top allo	wable for thi	depth or be fo	r full 24 hour.	s.)	
THE LESS LASTA OF KITS TO TAUX	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL								1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								,			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA				E			0==>				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
1/2 1	1.01				Date	whbiose(ــــــــــــــــــــــــــــــــــــــ				
Signer Wansa Holles					By ORIGINAL SIGNED BY JERRY SEXTON						
Donna Holler					DISTRICT I SUPERVISOR						
Title 10/16/89 505-393-2727 Date Telephone No.					Title_						
		t evebo	NE 170.								

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.