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Appropriate District Office
DISTRICT 1
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. Doswer DD, Astesia, NM 88210

OIL CONSERVATION DIVISION

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

1000 Rio Benzos Rd., Aziec, NM 87410	REQU	JEST F	OR ALLOWA	RIFAND	ALITHORIZ	'ATION				
I.			ANSPORT OI							
Circle Ridge Production, Inc.						Weil API No. 30-005-00972				
Address										
c/o Oil Reports & Gas	Servic	08, Ir	c., P.O. B	ox 755,	Hobbs, NM	88241				
Resson(a) for Filing (Check proper box)		<b>A</b>		Ou	er (Please explai	in)				
Recompletion	Oil	Change is	Transporter of:	ים	P. P	12 /2 /2/	_			
Change in Operator	Casinghea	d Gas 🗌	Condensate	£.	ffective :	11/1/89	7			
If change of operator give name and address of previous operator										
Less Name Drickey Over			Tec. 100	<del></del>		<del></del>				
Lease Name Drickey Queen Sand Unit Tract	6	19	Pool Name, Include Caprock (				of Lease Federal o <del>r Fea</del>	LC-O	sse Na 58474	
Unit Letter M	:66	0	Feat From The	South Lin	e and660		set From The	est	Line	
Section 3 Townshi	p 14 :	S	Range 31	E , N	MPM, (	Chaves			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Phillips Petroleum Co	4001 Penbrook, Odessa, Texas 79762  Address (Give address to which approved copy of this form is to be sent)									
· · · · · · · · · · · · · · · · · · ·	<b>January Carp</b>		or Dry Gas	Address (UI)	e acaress to whi	ch approved	copy of this form	is to be sen	u)	
if well produces oil or liquids, give location of tracks.	Unit						7			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give comming	ing order num	ber:					
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.	Total Depth	1		P.B.T.D.		<u> </u>	
Sevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	rmation	Top Oil/Gas Pay			Tubing Depth			
Performina							Depth Casing Si	epth Casing Shoe		
	T	UBING,	CASING AND	CEMENTI	NG RECORD	<del></del>	1	<del></del>	<del> </del>	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								<del> </del>		
V TOTAL AND DECLIC	T FOD A	1101114	D. D.							
V. TEST DATA AND REQUES OIL WELL (Test must be after to				he equal to or	exceed too allow	able for this	denth or he for f	iell 24 hours	1	
Date First New Oil Run To Tank	Date of Tes		,	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	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF			
GAS WELL	<del>'</del>		<del></del>	<u>L</u> , ,,,,,,,,		<del></del>	<u>.</u>		<del></del>	
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFICA	ATE OF	COMP	LIANCE		NI 0011		\			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above jis true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION OCT 1 8 1989						
,		s belief.		Date	Approved		701 10	שסטו		
Siener Honnich les				ORIGINAL SIGNED BY JERRY SEXTON  By						
Donna Holler		<del></del>		-, _		<del>- ⊌13 i KI€</del>	+ SUPERVIS	<del>UR</del>		
Printed Name 10/16/89 Date		505 <b>–</b> 39	Title 3-2727 hone No	Title_			<del> –</del>			

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.
- 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.