NEW MEATUR OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE AND ប.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER 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 Casinghead Gas Condensate If change of ownership give name and address of previous owner <u>Cities Service Oil Co., Hobbs, New Mexico</u> II. DESCRIPTION OF WELL AND LEASE | Well No. | Fool Name, Including Formation IC-068474 Lease Name Drickey Queen Kind of Lease Lease No. State, Federal or Fee Sand Unit Tract 6 Caprock Queen Federal above 660 Feet From The North Line and 1930 East Feet From The 10 Township 14 S Range 31 E , NMPM, Chaves 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) 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. P.ge. 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 Cil Well Gas Well Plug Back | Same Resty, Diff. Resty. 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 Cil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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 First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Cusing Pressure Choke Size Water - Bbls. Gas - MCF Actual Prod. During Test Oil-Bbls. **GAS WELL**

Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate

Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

above is true and complete to the best of my knowledge and belief.
Wenner Lables
(Signature)
Agent
(Title)
May 3, 1972
(Date)

OIL	CONSERVA	TION	CQMM	ISSION
			-77	

APPROVED	MAY 4 1972	19
BY	Orig. Signed by	
TITLE	Joe D. Ramey Dist. I. Surv.	

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 | complete

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PERSON

OIL CONSERVATION COULD. HOBBS, N. M.