

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

30-005-01036

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other WIW

2. Name of Operator

Circle Ridge Prod., Inc.

3. Address and Telephone No.

c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs New Mexico 88241

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit L, Sec 10, T14S, R31E
1980 FSL & 660 FWL

5. Lease Designation and Serial No.

LCO70337

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

#3

Drickey Queen Sand Unit Tr 10

9. API Well No.

30-005-01036

10. Field and Pool, or Exploratory Area

Caprock Queen

11. County or Parish, State

Chaves

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

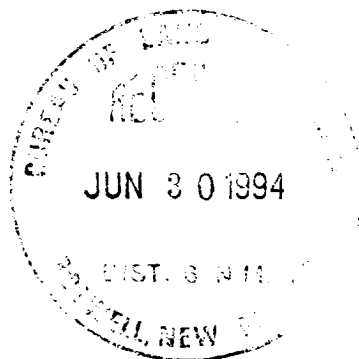
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☒ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on 'Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

6/6/94 Pulled 2 3/8" tbg & pkr.
Replaced pkr: tsted.
Tbg back in hole to 5000#
Replaced all bad joints w/new 2 3/8" IPC tbg.



14. I hereby certify that the foregoing is true and correct

Signed

Laren Holler

Title Laren Holler - Agent

Date 6/28/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Circle Ridge Production, Inc.

Address
c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, N.M. 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Effective 3/19/88
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner
General Operating Co., Suite 1007 Ridglea Bank Bldg., Ft. Worth, Tx 76116

I. DESCRIPTION OF WELL AND LEASE

Lease Name Drickey Queen LC-070337

Sand Unit Tract 10

Well No. 3

Pool Name, including Formation Caprock Queen

Kind of Lease Federal

State, Federal or Fee Federal

Lease No. Above

Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 10 Township 14S Range 31E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

None - Injection Well

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Agent
(Title)
3/24/88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 29 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 completed wells.

RECEIVED

MAR 25 1988

OCD
HOBBS OFFICE