NEW MEXICO DIE CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Chaves Oil Ltd. Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Effective May 1, 1972 Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ Cities Service Oil Co., Hobbs, New Mexico IC-060011 II. DESCRIPTION OF WELL AND LEASE | Very Name | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Federal Drickey Queen above Sand Unit Tract Caprock Queen 1980 Feet From The North Line and 660 Feet From The , NMPM, County 14 S Chaves Township Range 31 E Line of Section Name of Authorized Transporter of Oil or Condensate or Condensate Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Box 1510, Midland, Texas 79701 diress (Give address to which approved copy of this form is to be sent) Sec. Is gas actually connected? Twp. P.ge. If well produces oil or liquids, give location of tanks. 16 31E 145 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. New Well Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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

Densu Lalles (Signature)
(Signature)
Agent
(Title)

May 3, 1972

OIL CONSERVATION COMMISSION

APPROVED. Orig. Signed by Joe D. Ramey Dist. I, Supv. 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

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OAL CONSERVATION COMM. HOBBS, N. M.