NEW MEXICO OIL CONSERVATION COMMISS ON Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Chaves Oil Ltd. Address 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 Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name Cities Service Oil Co., Hobbs, New Mexico and address of previous owner. IC-060811 II. DESCRIPTION OF WELL AND LEASE Lease Name Drickey Queen 2 ell No. Pool Name, Including Formation Kind of Lease Legse No. 2 Federal Caprock Queen State, Federal or Fee above Sand Unit Tract 660 South 660 West Unit Letter Feet From The Feet From The 15 Line of Section Township 14 S Range <u> 31 E</u> , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texas-New Mexico Pipeline Company Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Twp. Unit Sec Is gas actually connected? If well produces oil or liquids, give location of tanks. 16 148 31E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Restv. Diff. Restv. 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 Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Ggs - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED MAY 4 1972 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. Orie, Signed by

Agent (Title) May 3, 1972

and the same

TITLE _

Joe D. Ramey Dist. I, Supv. 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 marks

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