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REQUEST FOR ALLOWABLA

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1 fr

| ,S.G. S . | AUTHORIZATION TO TE | AND RANSPORT OIL AND NATURAI | Effective 1-1-65 |
|--|--|--|--|
| AND OFFICE | | WHO ON OIL AND NATURAL | L GAS |
| TRANSPORTER GAS | | | |
| OPERATOR | | | |
| PRORATION OFFICE Operator | | | |
| Chaves Oil Ltd. | | | |
| Address | Cae Sentilees The Day 7 | 40 Wahha Nasa Marata A | 4010 |
| Reason(s) for filing (Check proper | Gas Services, Inc., Box 7 | Other (Please explain) | 8240 |
| New Well | Change in Transporter of: | | |
| Recompletion | Oil Dry C | | 1, 1972 |
| Change in Ownership | Casinghead Gas Cond | ensate | |
| If change of ownership give named and address of previous owner _ | Cities Service Oil Co., | Hobbs New Mexico | |
| II DESCRIPTION OF WELL AS | · | | |
| II. DESCRIPTION OF WELL AN | Well Mo ! Dool Mana Include- | Formation Kind of Le | ase Lease No. |
| Drickey Queen | 22 1 Caprock Que | en State, Fed | eral or Fee |
| _ | //- | | State B-10420 |
| Unit Letter B; | 660 Feet From The North L | ine and Feet Fro | m The Rest |
| Line of Section 16 | Township 14 S Range | 31 E , NMPM, C | haves County |
| III DESIGNATION OF TRANSPO | DETER OF OUR AND MARKED AT CO | / | · |
| Name of Authorized Transporter of | Oil or Condensate | | roved copy of this form is to be sent) |
| | | (/ | • |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas | Address (Give address to which app | roved copy of this form is to be sent) |
| If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Is gas actually connected? | Vhen |
| give location of tanks. | 1 | | |
| If this production is commingled IV. COMPLETION DATA | with that from any other lease or pool, | give commingling order number: | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Designate Type of Comple | · · · · · · · · · · · · · · · · · · · | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc. | j Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | |
| Perforations | | | Depth Casing Shoe |
| | TUBING, CASING, AN | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| V. TEST DATA AND REQUEST OIL WELL | FOR ALLOWABLE (Test must be a able for this do | ifter recovery of total volume of load of epth or be for full 24 hours) | l and must be equal to or exceed top allow- |
| 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 |
| | Tubing Process | Casing Plassma | Chore Size |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF |
| | <u> </u> | | |
| GAS WELL | | | · |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | . assing . restaut (Blace-Till) | Cusing Pressure (Suec-14) | Choke Size |
| I. CERTIFICATE OF COMPLIA | NCE | OIL CONSERV | ATION COMMISSION |
| | | | |
| 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. | | APPROVED MAY | 4 1072 Orig. Signed by |
| | | BY | Joe D. Rainey |
| | | TITLE | Dist. I, Supv. |
| | | 11 | compliance with RULE 1104. |
| lb&usta | (Signature) | | wable for a newly drilled or deepened anied by a tabulation of the deviation |
| | A gent. | | rdance with RULE 111. |
| (Title) | | All sections of this form make able on new and recompleted w | ust be filled out completely for allow- |

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 en de la companya de la co

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MAY 3 1872

OIL CONSERVATION COMM.