NEW MEAILL DIE CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABI FILE AND ປ.**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 Dry Gas Recompletion Change in Ownership X Casinahead Gas Condensate Cities Service Oil Co., Hobbs, New Mexico If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No.: Pool Name, Including Formation Lease Name Drickey Queen Caprock Queen State, Federal or Fee B-8828-38 State Sand Unit Tract Location Feet From The North Line and 1980 _ Feet From The _ **East** 1980 Unit Letter_ 31 E Chaves 14 S Range , NMPM, County Township Line of Section 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 Box 1510, Midland, Texas 79701 Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas Is gas actually connected? When Twp. P.ge. Sec. Unit If well produces oil or liquids, 31E No 16 145 A give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Workover Gas Well New Well Designate Type of Completion - (X) Total Depth P.B.T.D. 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 CASING & TUBING SIZE DEPTH SET 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) V. 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 Gan - MCF Water - Bbls. 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.

11. 11	
- UE.	(Signature)
	Agent
	(Title) New 3 1972

(Date)

MAY Orio Signed by Ice D. Ramey TITLE _ List. 1, Supva

OIL CONSERVATION COMMISSION

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

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OIL CONSERVATION COMM.
HOBBS, N. M.