NEW MEXICE OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWAB' 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 I RANSPORTER OPERATOR PRORATION OFFICE Operator 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) Effective May 1, 1972 Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Cities Service Oil Co., Hobbs, New Mexico II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. Drickey Queen State, Federal or Fee State Sand Unit Tract Caprock Queen Unknown ; 1980 Feet From The North Line and Unit Letter_ 660 _ Feet From The ___ Line of Section Township Range 14 S , NMPM, 31 E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | | Name of Authorized Transporter of Oil 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 ddress (Give address to which approved copy of this form is to be sent) Twp. P.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. 145 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 Same Res'v. Diff. Res'v. Plug Back 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-Bhis. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

Manne Willes	
(Signature)	
Agent (Title)	

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

APPROVED	MAY	<u>4 1972</u>	, 19
BY		Orio Signed by	
TITLE		JUE D. Raman	
		Dist. 1, Sunv	

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.

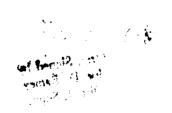
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 media

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