Jornit 5 Copies propriate District Office <u>ISTRICT 1</u> O. Box 1980, Hobbs, NM 88240 <u>ISTRICT II</u> O. Drawer DD, Artenia, NM 88210	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
NISTRICT III 000 Rio Bannos Rd., Aztoc, NM 87410	REQUEST FO	OR ALLOWABL	E AND AUTH	ORIZAT		N			
Operator	ion Inc				Well AP	-005-01	090		
Circle Ridge Product									
c/o Oil Reports & Ga	as Services,	Inc., Box 75	5, HODDS, N Other (Plea				<u></u>		
Reason(s) for Filing (Check proper box)	Change is	Transporter of:		e express,					
Recompletion	ou 10	Dry Gas	Effect	ive 9/1	./89				
Thange in Operator	Casinghead Gas								
change of operator give name ad address of previous operator			<u></u>						
L DESCRIPTION OF WELL	AND LEASE				1		Lease	No	
Lesse Name West Cap Queen	Well No.	Pool Name, Includia Caprock Qu			Kind of	Lease deral curilm	NM-032		
Sand Unit Tract 8	<u> </u>	Capitora et							
Unit Latter K	2310	_ Feet From The	South Line and _	2310	Feet	From The	West	Line	
	145	Bases 31E		Chave	s			County	
Section 17 Townshi	p 145	Range J111	, NMPM,					county	
II. DESIGNATION OF TRAN	SPORTER OF C	IL AND NATUR	RAL GAS						
Name of Authorized Transporter of Oil	or Conde		Address (Give addre 4001 Penbro						
Phillips Petroleum Name of Authorized Transporter of Casin		or Dry Gas	Address (Give addre						
Name of Authorized Transporter of Calif.			•		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
if well produces oil or liquids, jve location of tanks.	Unit Sec. P 17	Twp. Ref. 14S 31E	Is gas actually connected? When ?						
f this production is commingled with that	from any other lease o	r pool, give commingli	ing order number:				· · · · · ·		
V. COMPLETION DATA	Oil We	11 Gas Well	New Well Wor	kover I	Deepca	Plug Back	Same Res'v	hiff Res'v	
Designate Type of Completion	- (X)		Total Depth			P.B.T.D.	l1		
Date Spadded	Date Compl. Ready	to Prod.	I Cuit Deput			P.B.1.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
									Perforations
	TUBING	, CASING AND	CEMENTING F	ECORD					
HOLE SIZE		TUBING SIZE		TH SET		SACKS CEMENT			
			[
V. TEST DATA AND REQUE	ST FOR ALLOW recovery of total volum	VABLE we of load oil and must	be equal to or excee	d top allowa	ble for this	depth or be	for full 24 hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		Producing Method	(Flow, pump	, gas lift, e	kc.)			
			Casing Pressure		Choke Size				
Length of Test	Tubing Pressure		Calling Pressure						
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas-MCF			
GAS WELL				A 1/1		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF						
Testing Method (pilot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)			Choke Size			
1 corrections (benefit county by A	_								
VL OPERATOR CERTIFI	CATE OF CON	IPLIANCE		CONS	SERV	ATION	DIVISIO	N	
I hereby certify that the rules and reg Division have been complied with an	nutations of the Oil Cos	Bervalio G	11			. .	UG 17'		
Division have been complied with at is true and complete to the best of m	y knowledge and belie		Date Ap	proved		H		UUJ	
-									
Signature Donna Holler	Julla	<u></u>	By	ORIGIN	AL SIGN	ED BY JE	RRY SEXTON	.	
Signature Donna Holler		Agent		-					
Printed Name		Title 393-2727	Title						
8/15/89		Telephone No.		_					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate Distaict Office DISTRICT J	Energy,	State of N Minerals and Nat			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
P.O. Ban 1980, Hobbs, NM 88240 DISTRICT II P.O. Danner DD, Astonia, NM 88210		CONSERVA P.O. B anta Fe, New M			BI DOUDEN OF LAGE			
L.	REQUEST		BLE AND AUTH		ION			
Operator	Well API No.							
Circle Ridge Producti	lon, Inc.				30-0	05-01090		
c/o Oil Reports & Gas	s Services,	Inc., Box 75						
Resoun(s) for Filing (Check proper box) New Well Recompletion		ia Transporter of: Dry Gas	Other (Plea		ective	7/1/89		
If change of operator give same and address of previous operator								
IL DESCRIPTION OF WELL								
Loss Name West Cap Queen	Well No.	Well No. Pool Name, Including Formation			Kind of State, Fe	Lease derai en Re	Lease No. NM-03210	
Sand Unit Tract 8		Caprock	Queen		1	<u> </u>		
Unit LotterK	:2310	Feet From The	South Line and _	2310	Feet	From The	West Line	
Section 17 Township	14 S	Range 31 E	. NMPM.	Cha	ves		County	
III, DESIGNATION OF TRAN	SPORTER OF OF Cond		RAL GAS Address (Give addres	us to which a	pproved a	opy of this form	is to be sent)	
Navajo Refining Compar					tesia	, NM 882	10	
Name of Anthonized Transporter of Casing	phead Gas	or Dry Gas	Address (Give addres	s to which a	pproved c	opy of this form	is to be sent)	
If well produces all or biquids, pive location of tents.	Unit Sec. P 17	Twp. Rgs. 145 31E	Is gas actually connected? When ?					
If this production is commingled with that I IV. COMPLETION DATA	from any other lease o	r pool, give comming	ing order number:					
Г	Oil We	U Gas Well	New Well Work	over D	oepen	Plug Back Sau	ne Res'v Diff Res'v	
Designate Type of Completion	- (X) Date Compl. Ready	L Prof	Total Depth	1	ł			
Dute Syndded								
Elevations (DF, REB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay			Tubing Depth		
Performines Depth Casing Shoe								
	A CONTRACTOR OF A CONTRACTOR O		CEMENTING RE		T	SAC	KS CEMENT	
HOLE SIZE		TUBING SIZE	DEPTH SET			SAUNS CEMENT		
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	L					
OIL WELL (Test must be after r	covery of lotal volum	e of load oil and must	be equal to or exceed Producing Method (F	top allowable	e for this a as lift, etc	iepih or be for f	<u> </u>	
Date First New Oil Run To Task	Date of Test		Producing Ivacuos (r		,			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.		Water - Bbla			Gas- MCF		
GAS WELL								
Actual Fred. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
Forting Mathead (pilot, back pr.)	Tubing Pressure (Sh	ving Pressure (Shut-in) Ca		Casing Pressure (Shut-in)		Choke Size		
			l 					
VL OPERATOR CERTIFIC.	ATE OF COM	PLIANCE		CONSE	RVA	TION DI	VISION	
I haveby certify that the rules and regula Deviator have been complied with and t								
is true and complete to the best of my k	Date Approved JUN 2 1 1989							
- Monut Jallo				IED BY JERR				
Simulat	By DISTRICT I SUPERVISOR							
Donna Holler Printed Name	Title							
6/20/89		-393-2727						
Date			11					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.
2) Fill ext only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.