1	-	~~.				~ .				
Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources D					partment			Form C Revised See Inst	1-1-89 ructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Astesia, NM 88210	OIL, CONSERVATION DIVISION P.O. Box 2088								at Botto	m of Page
		Sar	nta Fe,	New Me	exico 87504-208	8				
1000 Rio Brazos Rd., Azzec, NM 87410					LE AND AUTH		ΓΙΟΝ			
Operator Circle Ridge Product	ion. I	nc.					Well A	PI No. D-005-0	1086	, .
Address			The	Por 7	55 Vobbe M	r adau	1			
c/o Oil Reports & Ga Reason(s) for Filing (Check proper box)	is berv.	10089	LIIC.,	BOX /	Other (Pleas		<u> </u>			
New Well		Change in				•	1 /00			
Change in Operator	Oil Casinghea		Dry Gas Condens	_	Effect	IVE 9/	1/07			
If change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL	AND LEA	SE								
Less Name West Cap Queen		Well No. 2	1	me, Includi rock Q	ng Formation			f Lease Rederal officia		ase No. 3210
Sand Unit Tract 4			Joap				1			
Unit LetterA	6	60	Feet Fro	m The	North Line and	660	Fee	t From The .	East	Line
Section 17 Township	1 45		Range	31E	, NMPM,	Ch	aves			County
III. DESIGNATION OF TRAN	SPORTE	R OF OI		D NATU	RAL GAS Address (Give addres	t to which	approved	copy of this f	orm is to be se	n()
Phillips Petroleum (J	4001 Penbro	ok, Od	essa,	Texas	79762	··
Name of Authorized Transporter of Casing	head Gas		or Dry (3as 🛄	Address (Give addres	s to which i	approved	copy of this f	orm is to be se	nt)
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 17	т ыр. 145	Rge. 31E	Is gas actually connec	gas actually connected? When 7			<u> </u>	
If this production is commingled with that it IV. COMPLETION DATA	from any oth	er lease or j	pool, g ive	e comming!	ing order number:					
Designate Type of Completion	<u> </u>	Oil Well	G	as Well	New Well Workd	wer I	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		il. Ready to	Prod.		Total Depth	1		P.B.T.D.		.1
Elevations (DF, RKB, RT, GR, etc.)	Name of Pi	roducing Fo	ematica		Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
HOLE SIZE		UBING, SING & TU			CEMENTING RE DEPTH				ACKS CEM	INT
				*****	Derinsei					
								<u></u>		· · · · · · · · · · · · · · · · · · ·
		·····								
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A ecovery of 10	LLOW A tal volume (ABLE of load o	il and must	be equal to or exceed t	op allowat	le for this	depth or be j	for full 24 hou	s .)
Date First New Oil Run To Tank	Date of Te				Producing Method (F)					
Leagth of Test	Tubing Pre	ssure		/	Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
The state of the second	ou - bois.									
GAS WELL	·							Consider of 7	and an est o	
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		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the that the info	Oil Conser mation give	vation		OILO	CONS	ERVA		DIVISIC) 9
is true and complete to the best of my l	-	ad belief.			Date App	roved	<u>. </u>			
Signature					ORIGINAL SIGNED BY JERRY SEXTON ByDISTRICT I SUPERVISOR					
Donna Holler Printed Name		A	gent Tille		Title					
8/15/8 9	505-393-2727 Telephone No.					······································				
Dete					1					
INSTRUCTIONS: This for	n is to be	filed in c	omplia	nce 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.

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.

Subarit 5 Copies Appropriate District Off DISTRICT I P.O. Box 1980, Hobbs, J DISTRICT II P.O. Desarer DD, Astess DISTRICT III 1000 Rio Benzos Rd., A I. Operator	bbs, NM \$240 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 Pag	7]¢		
Address c/o Oil Rej				nc., Box 7	55, Hobba	s, NM 882		-009-0100				
Resson(a) for Filing (Co New Well Recompletion Change in Operator If change of operator give		Où Casinghes	<u>D</u>	Transporter of: Dry Gas		et (Please expl E	-	ve 7/1/89)			
and address of previous												
II. DESCRIPTIO Lesse Name West Sand Unit Lossion	Cap Queen Tract 4		Well No. 2		Queen		- State	of Lease , Federal co-Ne				
Unit Lotter . Section		: <u>66</u> , 14 S		Foot From The Range 31 E		e and66(Chaves	eet From The _	Last	Line ty		
III. DESIGNATI	ON OF TRAN	SPORTE	ROFO	IL AND NATI	RAL GAS							
Name of Asthonized Ta	ansporter of Oil	X	or Conder		Address (Gin		• •		erm is to be sent)			
Navajo Refin				or Dry Gas				La, NM 88 I copy of this fo	3210 wm is to be sent)			
If well produces oil or i give location of tanks.		Unit P	Sec. 17	145 J 31E	Is gas actually connected? When ?							
If this production is com IV. COMPLETIC		rom any oth	er lease or	pool, give comming	ling order num	ber:						
			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Re	s'v		
Designate Type	of Completion -		l pl. Ready to	Prod.	Total Depth	l	<u></u>	P.B.T.D.				
Elevations (DF, RKB, A	(T, GR, etc.)	Name of Pruducing Formation			Top Oil/Gas	Pay			Tubing Depth			
Perforations	,,							Depth Casing	g Shoe			
				CASING AND	CEMENTI							
HOLE S	KZE	CA	SING & TL	BING SIZE		DEPTH SET		S	SACKS CEMENT			
								-				
Date First New Oil Rus	est must be after re	covery of 10 Date of Te	stal volume st	ABLE of load oil and mus		ethod (Flow, pu			or full 24 hours.)			
Longh of Test		Tubing Pre	2 Mile									
Actual Prod. During To	et.	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL						A RIAM		10	andeneste			
Actual Prod. Test - MC	F/D	Length of Test			Bbls. Conden	sale/MMCF		Gravity of Condensate				
Testing Method (pitot, b	ack pr.)	Tubing Pressure (Shut-in)			Casing Press	are (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. <u>Manual</u> Signature <u>Donna Holler</u> <u>Agent</u> Tale					OIL CONSERVATION DIVISION JUN 2 1 1989 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title							
6/20/89		<u></u>		<u>393-2727</u>		P						
Dute			Tele	phone No.	<u></u>					-		

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