| 1           | HO, OF COPIES SECRIVED  DESTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE                            | TEW MEXICO OIL CONSERVATION COMMISS 1 10th C-104 REQUEST FOR ALLOWABLE Supersedge Old C-101 and C-110 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |  |   |
|-------------|--|--|--|---|
| 1.          | General Operating Compan Address  c/o Oil Reports & Gas Se Reason(s) for filing (Check proper box) New Well Recompletion                             | Change in Transporter of: Oil Dry Ga   | Effective 4/2  | _/77  |
|             | Change in Ownership X If change of ownership give name I and address of previous owner DESCRIPTION OF WELL AND I Lease Name W Cap Queen Sand Unit To | J. Wolfson & Weldon S.  EASE  Well No. Pool Name, Including F.   | Quest dba Chavez Oil Ltd.  |   |
| 11.         | Unit Letter N : 660  Line of Section 17 Town  DESIGNATION OF TRANSPORT   | mship 14 S Range TER OF OIL AND NATURAL GA   | 31 E , NMPM, Chaw  | County  |
|             | Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas  If well produces oil or liquids, give location of tanks.               | Inghead Gas or Dry Gas Unit Sec. Twp. P.ge.  | Address (Give address to which approximately connected? Whe  | ved copy of this form is to be sent)          |
| v.          | If this production is commingled with COMPLETION DATA  Designate Type of Completion  Date Spudded  | Oil Well Gas Well  | New Weil Workover Deepen Total Depth   | Plug Back   Same Resty, Diff. Resty, P.B.T.D. |
|             | Elevations (DF, RKB, RT, GR, etc.)  Perforations   | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth  Depth Casing Shoe               |
|             | HOLE SIZE  | TUDING, CASING, AND CASING & TUBING SIZE   | D CEMENTING RECORD  DEPTH SET  | SACKS CEMENT                                  |
| V.          | TEST DATA AND REQUEST FOOM, WELL, Date First New Oil Bun To Tanks  | OR ALLOWABLE (Test must be a able for this di  | after recovery of total volume of load oil epth or be for full 21 hours)    Producing Mothed (Flow, pump, gas li |   |
|             | Langth of Tost   | Tubing Pressure  | Casing Prossure  | Choke Size                                    |
|             | Actual Pred. During Test   | Oil-Bbla.  | Water - Bbls.  | Gan • MOF                                     |
|             | GAS WELL. Actual Frod. Tool-MCF/D  | Length of Test   | Bbls. Condensets/MMCF  | Gravity of Condensate                         |
|             | Teating histhed (picet, back pr.)  | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)  | Choke Size                                    |
| <b>'I</b> . | CERTIFICATE OF COMPLIAN  | CE   |  | 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. TITLE \_ This form is to be filed in compliance with RULE 1104. ORIG. SIGNED BY, DONNA HOLLER If this is a request for allowable for a newly diffled or deepend well, this form must be accompanied by a tabulation of the deviction tests taken on the well in accordance with RULE 111. (Signature) All positions of this form must be filled our completely for allowable on new and recompleted valle. Agent 4/29/77

(Data)

FIH out only factions I. H. III, and VI for change of award will name at manber, or transportence other much change of condition

Jerry S.

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| DISTRIBUTION           |            |  | l |  |
| SANTA FE               |            |  |   |  |
| FILE                   |            |  |   |  |
| U.S.G.S.               |            |  |   |  |
| LAND OFFICE            |            |  |   |  |
| (RANSPORTER            | OIL<br>GAS |  |   |  |
| HANGFORTER             |            |  |   |  |
| OPERATOR               |            |  |   |  |
| PRORATIUN OFFICE       |            |  |   |  |

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| SANTA FE   | REQUEST F  | OR ALLOWABLE   | Supersedes Old C-104 and C-110<br>Effective 1-1-65 |  |  |  |  |
|--|--|--|--|--|--|--|--|
| FILE   | AUTHODIZATION TO TOAN  | AND<br>NSPORT OIL AND NATURAL GA   |  |  |  |  |  |
| U.S.G.S.   | _ AUTHORIZATION TO TRAF  | NOFUR I UIL AND NATUKAL GA   | w  |  |  |  |  |
| FRANSPORTER OIL  |  |  |  |  |  |  |  |
| GAS  |  |  |  |  |  |  |  |
| OPERATOR   |  |  |  |  |  |  |  |
| I. PRORATION OFFICE                                      |  |  |  |  |  |  |  |
|  | I. J. Welfson & Weldon S. Guest dba Chaves Oil Ltd.  |  |  |  |  |  |  |
| c/e Oil Reports & Gas                                    | c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240   |  |  |  |  |  |  |
| Reason(s) for filing (Check proper bo                    |  | Other (Please explain)   |  |  |  |  |  |
| New Well   | Change in Transporter of: Oil Dry Gas  | Effective 12/1   | ./71   |  |  |  |  |
| Recompletion  Change on Appip                            | Casinghead Gas Condens   | <del>-</del>   |  |  |  |  |  |
|  | Phillips Petroleum Compan  | v. Odessa. Texas 79760   |  |  |  |  |  |
| and address of previous owner                            |  | 1.11   |  |  |  |  |  |
| II. DESCRIPTION OF WELL AND                              | LEASE Well No. Pool Name, Including Fo   | rmation Kind of Lease  | Lease No.  |  |  |  |  |
| West Cap Queen Sand U                                    | TT 4 A Conmock Owner   |  | or Fee Federal NM-03210                            |  |  |  |  |
| Location   |  | 1982   | tie e t  |  |  |  |  |
| Unit Lede:   | Feet From The South  | and Feet From Ti   | ne West  |  |  |  |  |
| Line o Section 17  | 'ownship 148 Range   | 31 B , NMPM, Char  | County   |  |  |  |  |
|  | TOTAL OF OUR AND MATURAL CA  | e  |  |  |  |  |  |
| Name of Authorized Transporter of C                      | RTER OF OIL AND NATURAL GA   | Address (Give address to which approve   | ed copy of this form is to be sent)                |  |  |  |  |
|  |  | Address (Give address to which approve   | ad conv of this form is to be sent)                |  |  |  |  |
| Name of Authorized Transporter of C                      | Casinghead Gas or Dry Gas  | Address (Give agaress to which approve   | ed copy of this form is to be sent)                |  |  |  |  |
|  | Unit Sec. Twp. Rge.  | Is gas actually connected? When  | 1  |  |  |  |  |
| If well produces oil or liquids, give location of tanks. |  | <u> </u>   |  |  |  |  |  |
|  | with that from any other lease or pool,  | give commingling order number:   |  |  |  |  |  |
| IV. COMPLETION DATA                                      | Oil Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Resty, Diff. Resty.               |  |  |  |  |
| Designate Type of Comple                                 |  |  | P.B.T.D.   |  |  |  |  |
| Date Spudded   | Date Compl. Ready to Prod.   | Total Depth  | P.B.1.D.   |  |  |  |  |
| Elevations (DF, RKB, RT, GR, etc.                        | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth                                       |  |  |  |  |
|  |  |  | Depth Casing Shoe                                  |  |  |  |  |
| Perforations   |  |  |  |  |  |  |  |
|  | TUBING, CASING, AND  | CEMENTING RECORD   |  |  |  |  |  |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT                                       |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | <u> </u>   |  |  |  |  |
|  | 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 allow able for this depth or be for full 24 hours)                          |  |  |  |  |  |  |
| OIL WELL Date First New Cil Run To Tanks                 | Date of Test   | Producing Method (Flow, pump, gas lif  | t, etc.)   |  |  |  |  |
|  |  | Coning Pressure  | Choke Size   |  |  |  |  |
| Length of Test   | Tubing Pressure  | Casing Pressure  |  |  |  |  |  |
| Actual Prod. During Test                                 | Oil-Bbis.  | Water - Bbls.  | Gas-MCF  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| GAS WELL   | CACHELI  |  |  |  |  |  |  |
| Actual Prod. Test-MCF/D                                  | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate                              |  |  |  |  |
|  | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)  | Choke Size   |  |  |  |  |
| Testing Method (pitot, back pr.)                         | I drying Liessame ( Sunc_In )  |  |  |  |  |  |  |
| VI. CERTIFICATE OF COMPLIA                               | ANCE   | ll .   | TION COMMISSION                                    |  |  |  |  |
|  |  | APPROVED JAN 2 4   | 19/2   |  |  |  |  |
|  | 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. |  | Orig. Signed by                                    |  |  |  |  |
| above is true and complete to                            |  |  | John Kunyan<br>Geologist                           |  |  |  |  |
|  |  |  |  |  |  |  |  |
| //   | 11 11/2  | This form is to be filed in  | compliance with RULE 1104.                         |  |  |  |  |
| 14th   | Ma Hollie  | If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |  |  |  |  |  |
| (S   | ignature)<br>ean t   |  |  |  |  |  |  |

(Title) 12/7/71