	FILE AND Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CARD OF FICE OIL FRANSPORTER OIL FROMATION OF FICE Operator Operator			Superseiles Old C-101 and C-110 Ethnesson 1-1-65		
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	ervices, Inc., Box 763, H	other (Please explain) s sate Effective			
	DESCRIPTION OF WELL AND Lease Name W Cap Qu Sand Unit Tr 1 Location Unit Letter	LEASE Well No. Pool Name, Including Fo 0 4 Caprock Q	ween Chaves- State, Fodera	The East		
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off Texas-New Mexico Pipeli Name of Authorized Transporter of Cas None	singhead Gas or Dry Gas	S Address (Give address to which appro Box 1510, Midland, Texas Address (Give address to which appro Is gas actually connected?	ved copy of this form is to be sent)		
	If well produces oil or liquida, give location of tacks.	A 20 148 31E	No			
v.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, g	give commingling order number:	Plug Back Same Res'v. Dill. Res'v.		
	Designate Type of Completic	on - (X) Gas Well Date Compl. Ready to Pred.	Total Depth	P.B.T.D.		
		Name of Producing Formation	Top O!l/Gas Pay	Tuking Depth		
	Elevations (DF, RKB, RT, GR, etc.j			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
¥.	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)					
	OH, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 1	jt, etc.)		
	Longth of Tost	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Pred. During Test	Oil-Bbla,	Water - Bblo.	Gun - MCF		
	GAS WELL.	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate		
	Tenting histhod (pilot, back pr.)	Tubing Prosews (Shut-in)	Casing Pressure (Ehut-in)	Choke Size		
			OIL CONSERV	ATION COMMISSION		
	CERTIFICATE OF COMPLIANCE 1 hereby cartify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.		WHY Z	By		
			I Jerr	y Sexton		
	(Sign	CRIG: EICHED RY: DONNA HOLLER Agent (11a) 4/29/77	TITLE This form is to be filed in If this is a request for allo well, this form must be accomp tests taken on the well in acco All excitence of this form us chile or new and recompliated as	compliance with RULE 1104. Webbe for a newly dilled or deepened onled by a tabulation of the deviation related with RULE 111. azt ha filled out completely for allow sells.		
	(l)	4/67/11 Jula)	will name of number, of trainipo	iter, or other such change of condition		

 \sim whereas $\xi_{c,p}$.

RECEIVED

APE 2 9 1977 OIL COMSECULATION COMM. HOBBS, N. M.

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65		
U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOP PRORATION CONTOC	AUTHORIZATION TO TRA	AND NATUR	RAL GAS		
Operator	S. Quest dbs Shaves 011	ltd.			
Address C/O Oll Reports & Gen Recson(s) to bling (Check proper b New Well Recomplexity Charge 1 - cyship	Services, Inc., Bax 763, ox) Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	other (Please explain Brockive 12)		
If change convership give name and address conversious owner	Phillips Petroleum Ge.,	Odossa, Texas 79	760		
DESCRIF BON OF WELL AN		ormation [Kind of	Lease Lease No.		
West Cap Queen Sand Un		Mhanna a	Lease Lease No. Federal or Fee Fee		
-	60 North	660 he and Feet	Lest		
Unit Lette. 20	Cownship Range	312	Cheves		
		, ММРМ,	County		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Condensate Bear 1510, Midland, Taxas 79701					
Name of Authorized Transporter of C	Casinghead Gas 🔄 or Dry Gas 🦲	Address (Give address to which	approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	, when		
f this production is commingled with that from any other lease or pool, give commingling order number:					
Designate Type of Complet	Cil Well Gas Well	New Well Workover Deep	en Flug Back Same Res'v. Diff. Res'		
Date Spudded	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		<u> </u>	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		 	,,,,,,,		
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) Date First New Cil 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-Bble.	Water - Bbis.	Gas - MCF		
	<u> </u>	<u> </u>			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
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.		OIL CONSERVATION COMMISSION JAN 2 4 1972 Orig. Signed by By John Runyan			
				above is the and complete to t	AG 19 LINE WIR COMPLETE ID THE DEBT OF MY WHOMEGRE WIR DETEN.
Venna Kalles		TITLE			
	inature)	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 allow-			
		12			

• ~

.

v

,

JAN 31 (272

GLE CONSLEWATION COMM. HOBBS, H. M.

RECEIVED JAN 2 10/2 OIL CONSERVATION COMM. HODES, IL M.