State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 RICT II Santa Fe. New Mexico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE FEE X 6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPOR (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL O DIFFERENT RESERVOIR. USE "APPLICA (FORM C-101) FOR SUCH PRO	7. Lease Name or Unit Agreement Name West Cap Queen Sand Unit				
1. Type of Well: OR. GAS WELL XX WELL OT	THER	Tract 10			
2. Name of Operator Circle Ridge Production, Inc.		8. Well No.			
1. Address of Operator c/c Oil Reports & Gas Services, Inc	9. Pool name or Wildcat				
4. Well Location Unit Letter _ E : _ 1980 _ Feet From The	North Line and 66	O Feet From The West Line			
	14S Range 31E a (Show whether DF, RKB, RT, GR, etc.)	NMPM Chaves County			
11. Check Appropriate Box NOTICE OF INTENTION TO:	to Indicate Nature of Notice, F	Report, or Other Data			
PERFORM REMEDIAL WORK PLUG AND ABA	NDON REMEDIAL WORK	ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLAN	S COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB			
OTHER:	OTHER: Temp	orary Abandonment X			
12 Describe Proposed or Completed Operations (Clearly state all pawork) SEE RULE 1103. Permission is hereby requeste temporary abandoned. As part use could be required in the pattern. Last production Aug	d to retain the subject of a waterflood project event of a change in inj	well as future			
I hereby certify that the information above is true and complete to the best of SMANTURE	my knowledge and belief. TITLE Agent.	DATE			
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTO	ัพ	JAN 2 4 1990			
APPROVED BY DISTRICT SUPERVISOR	TITLE	DATE OTTOO			

Submit 5 Copies
Ammonriste District Office Appropriate DERING COMMISSION DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

•	REQ			PORT OIL							
perator		10 Inz	NINOI	ONI OIL	AND NA	TORAL		API No.			
						-005-011	14				
c/o Oil Reports & (Gas Ser	vices.	Inc	Box 7	55. Hobi	os. NM 8	88241				
ason(s) for Filing (Check proper box)						er (Please ex					
w Well		Change in	Trans	porter of:			·				
completion	Oil		Dry (Gas	E	ffective	9/1/89				
ange in Operator	Casinghe	rad Gas 🔲	Cond	lensate 🗌							
sange of operator give name address of previous operator											
DESCRIPTION OF WELI			<u>,</u>	W							
se Name West Cap Queen		1 ,	I .	Name, Includi	_		Kin	d of Lease	of Lease Lease No.		
Sand Unit Tract 1)] 6	1_0	aprock Q	ueen						
Unit LetterE	. 198	80	Enat	From The	Jorth ::-	60	60	Feet From The	West	Lin	
23	7.46			015			naves	rection the			
Section 21 Towns	hip 14S		Rang	e 31E	,N	MPM, CI	laves			County	
DESIGNATION OF TRA	NSPORT	OF Condex		ND NATU		us address to	which approx	ed copy of this f	form is to be s	ent)	
Phillips Petroleum	CO		IBELC		1			, Texas		.,,	
me of Authorized Transporter of Cas			or D	ry Gas	+			ed copy of this f		ent)	
III Or Alleman Transport or Con-											
vell produces oil or liquids, : location of tanks.	Unit P	Sec. 17	14:		ls gas actual	ly connected?	Wh	en ?			
is production is commingled with the	at from any o	ther lease or	pool,	give comming	ing order nur	nber:					
COMPLETION DATA											
Designate Type of Completion	n - (X)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
e Spudded		npi. Ready to	Prod	•	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation erforations		Top Oil/Gas Pay Tubing Depth Depth Casing Shoe									
					Depth Casin	Depth Casing Shoe					
				SING AND	CEMENT			- 1	0100000		
HOLE SIZE	C/	ASING & TI	JBING	3 SIZE	 	DEPTH SE	:1		SACKS CEM	ENI	
					-						
CONTRACTOR AND DECLU	ECT FOR	ALLOW	ADI	F	<u> </u>						
TEST DATA AND REQUIL WELL (Test must be after					he equal to o	e exceed too d	illowable for	this depth or be	for full 24 hou	ers.)	
e First New Oil Run To Tank	Date of T		5,			Sethod (Flow,					
-d-dT-d	Tubing D				Casing Press	ur.		Choke Size			
ngth of Test	Tubing P	TESSUTE			Casing 11000010						
tual Prod. During Test	Oil - Bbli	S .			Water - Bbis	k.		Gas- MCF			
AS WELL					<u> </u>						
tual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nate/MMCF		Gravity of	Condensate		
	MCC 7 W	784	4 2-1		Carina	(China in)		Choke Size			
ting Method (pitot, back pr.)	1 ubing P	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
L OPERATOR CERTIFI	CATE O	F COM	PLIA	NCE			NICEDI	/ATION!	חואופור	N I	
I hereby certify that the rules and reg	gulations of th	e Oil Conse	rvation	1	11 '	OIL CO	יאסבאי	VATION			
Division have been complied with an is true and complete to the best of m	ed that the inf	ormation giv	ren abo	ove	1	_		A	US 17	1989	
	,				Date	e Approv				1.50	
Marine Halls			ORIGINAL SIGNED BY JERRY SEXTON ByDISTRICT I SUPERVISOR								
Signature Donna Holler		A	gen		5,-						
Printed Name 8/15/89		505-39	Title 3-2		Title	·					
		1011	_ ~		11						

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

Date

- 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.
- 3) Fill out 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.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088 Sans Fo New Marine \$7504 2088

P.O. Denner DD, Astonia, NM 88210		Box 2088 Mexico 87504-2088						
DISTRICT HI 1000 Rio Benzos Rd., Aziec, NM 87410								
I. Openior	TO THANSPORT C	DIL AND NATURAL GAS		UPI No.				
Circle Ridge Product		30-005-01114						
c/o Oil Reports & Ga	s Services, Inc., Box	755, Hobbs, NM 8824	1					
Remon(s) for Filing (Check proper box)		Other (Please explain)					
New Well Recompletion Change in Operator	Change in Transporter of: Oil IOI Dry Gas Effective 7/1/89 Caninghead Gas Condensate							
If change of operator give name and address of previous operator								
IL DESCRIPTION OF WELL								
Sand Unit Tract 10		luding Formation ck Queen		of Lease		24 se No.		
Unit LowerE	: 1980 Feet From The	North Line and 660	Fe	et From The _	West	Line		
Section 21 Townshi	p 14 S Range 31	E , ммрм , С	haves			County		
III. DESIGNATION OF TRAN								
Name of Authorized Transporter of Oil Navajo Refining Compa	or Condensate	P. O. Box 159,				ru)		
Name of Authorized Transporter of Casia		Address (Give address to which				nt)		
If wall produces oil or liquids, give location of teaks.	Unit	gs. Is gas actually connected?	When	7				
If this production is commingled with that		ingling order number:						
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Resiv		
Designate Type of Completion	- (X) Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		_		
Date Speeded	Date Compi. Ready to From			7.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Purforminas	, , , , , , , , , , , , , , , , , , , ,	Depth Casing Shoe						
	TUBING, CASING AN	D CEMENTING RECORD		<u> </u>				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
					 -	` ` ` `		
V. TEST DATA AND REQUES	ST FOR ALLOWABLE				- 6 1/ 24 h ave			
OIL WELL (Test must be ofter to Date First New Oil Run To Tank	recovery of total volume of load oil and m	Producing Method (Flow, pury	o, gas lift, e	ic.)	F Juli 24 Now			
Des less less on two in in-	Date of Ita							
Leigh of Test	Tubing Pressure	Casing Pressure	Choke Size					
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF					
GAS WELL				(O=0)=-20=	unden sats			
Actual Prof. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Testing Mathod (pitot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size					
VI OPERATOR CERTIFIC	OIL CONSERVATION DIVISION							
I hereby certify that the rules and regul Division have been complied with and	JUN 2 1 1989							
is true and complete to the best of my	mowledge and belief.	Date Approved				<u>J</u>		
Wrang 11	ORIGINAL	SIGNED	BY JERRY	R				

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

Donna Holler

6/20/89

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

Title_

Agent

Tale

505-393-2727

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

 3) Fill out 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.

RECEIVED

JUN 21 1989 OCD HOBBS OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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. ** (*** ***	П		
DISTRIBUTI		T	
SANTA FE		1	
FILE			1
U. 8. G.A.	1		
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR			_
PRORATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Operator						
Circle Ridge Froduction, Inc.						
c/o Oil Reports & Gas Services, Inc., Box 7	755, Hobbs, NM 88241					
Resson(s) for Isling (Check proper box) Other (Please explain)						
New Well Change in Transporter of:	Effective 3/19/88					
[X] Change to Ownership	A7 008					
Casinghead Gas Condensate						
If change of ownership give name and address of previous owner General Operating Compa	ny. Box 755, Hobbs, NM 88241					
II. DESCRIPTION OF WELL AND LEASE						
Lease Name West Cap Queen Well No. Pool Name, Including	Legae No.					
Sand Unit Tract 10 6 Caprock Quee	n State, Federal or Fee Fee					
Location						
Unit Letter E : 1980 Feet From The North Li	Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West					
Line of Section 21 Township 14 S Range	2] 🖫					
Cine of Section 21 Township 14 5 Range	31 E , NMPM, Chaves County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS					
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Texas-New mexico Pipeline Company	P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas of Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp. Rge. que locution of tante. P 17 148 31E	Is gas actually connected? When					
	No !					
If this production is commingled with that from any other lease or pool,	give commingling order number:					
NOTE: Complete Parts IV and V on reverse side if necessary.						
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION					
Thereby certify that the titles and contribute of 1, 000 C	MAD 2 A TURR					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	19					
my knowledge and belief.	UFIG. Storned b					
,	Paul Kautz Geologist					
	TITLEGCOLOGIST					
Danna Dolba	This form is to be filed in compliance with RULE 1104.					
(Signature) Agent	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 MULE 111.					
3/23/88	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
(Date)	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 wells.					