

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Bravo Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C  
Revised February 10,  
Instructions on  
Submit to Appropriate District C  
5 C

☐ AMENDED REP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Northland Operating Company 3500 Oak Lawn, Suite 380, LB 31 Dallas, Texas 75219-4398		OGRID Number 149936
API Number 30-005-01117	Pool Name Caprock Queen	Reason for Filing Code CH 2-1-96
Property Code 002781 20418	Property Name West Cap Queen Sand Unit IR-10	Pool Code 08559
		Well Number 205

II. Surface Location

UL or lot no. F	Section 21	Township 14S	Range 31E	Lot Ida	Feet from the 1980	North/South Line N	Feet from the 1980	East/West line W	County Chaves
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Bottom Hole Location

UL or lot no. F	Section 21	Township 14S	Range 31E	Lot Ida	Feet from the 1980	North/South Line N	Feet from the 1980	East/West line W	County Chaves
Lee Code FEE	Producing Method Code Injection-WIWSI	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

I. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cag. Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Robert P. Lindsay

Printed name: Robert P. Lindsay

Agent

2-1-96

Phone: 214-521-9959

OIL CONSERVATION DIVISION	
Approved by	ORIGINAL SIGNED BY
Title:	GARY WINK
Approval Date:	FEB 12 1997

Is this a change of operator? If so, the OGRID number and name of the previous operator

Previous Operator Sign: Circle ridge Production, Inc. Operator 2-1-96

004519

Printed Name  
J D WORTHEY

Title  
V.P. Date  
02/01/96

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

Operator Circle Ridge Production, Inc.		30-005-01117
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Effective 3/19/88
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: General Operating Company, Box 755, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Cap Queen Sand Unit Tract 10	Well No. 3	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>14 S</u> Range <u>31 E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - Injection Well	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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

If 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.

IV. CERTIFICATE OF COMPLIANCE

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 my knowledge and belief.

Dennis Heller  
(Signature)  
Agent  
(Title)  
3/23/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 24 1988, 19  
BY Paul Kautz  
Orig. Signed by  
Geologist  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

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 RULE 111.

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

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.