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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-1  
Superseded by C-104 and C-110  
Effective 1-1-65

Operator <b>Rapid Company, Inc.</b>	
Address <b>e/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <b>Notes: Well to be plugged as per C-103 dated 7/8/74</b>	
If change of ownership give name and address of previous owner <b>Miller &amp; Miller Auctioneers, Inc., 2525 Brennan Ave., Ft. Worth TX 76102</b>	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eastcap Queen Unit</b>	Well No. <b>4</b>	Pool Name, including Form <b>Caprock Queen</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>P</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>660</b>	Feet From The <b>East</b>
Line of Section <b>22</b>	Township <b>14 S</b>	Range <b>31 E</b>	, NMPM, <b>Chaves</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	(Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	(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.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Refractured	Workover	Deepen	Plug Back	Saline Water	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after reaching maximum volume of land oil and must be equivalent to 24 hours)  
(Flow, pump, gas lift, etc.)

Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure		Choke Size
Actual Prod. During Test	Oil-Bbls.		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Flowing Pressure (MCF)	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

*[Signature]*  
(Signature)  
Agent  
(Title)  
2/5/75  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*  
BY *[Signature]*  
TITLE Dist. 1, Sup.

This form is to be filed in compliance with RULE 10-1-104.  
This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of conservation tests taken on the well in accordance with RULE 10-1-104.  
All sections of this form must be filled out completely for allowable for newly 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.

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**Miller & Miller Auctioneers, Inc.**  
Address  
**2525 Brennan Avenue Fort Worth, Texas 76106**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner **AGUA, INC. P. O. Box 1978 Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Eastcap Queen Pool Unit 4** Well No. **Caprock Queen** Kind of Lease **Fee** Lease No.  
Location **P 660 Feet From The South Line and 660 Feet From The East**  
Unit Letter **P** : **660** Feet From The **South** Line and **660** Feet From The **East**  
Line of Section **22** Township **14 South** Range **31 East** , NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of 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

If this production is commingled with that from any other lease or pool, give commingling order number:  
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 allowable for this depth or be for full 24 hours)

OIL WELL  
Date First New Oil 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-Bbls. Water-Bbls. Gas-MCF

GAS WELL  
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. 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  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ Orig. Signed by  
John Ronyan  
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 allow-

Manager

(Signature)

(Title)

September 9, 1974