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NEW MEXICS OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

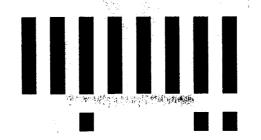
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.s.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND	NATURAL G	Effective 1-1-6	ss	
OFFICE OIL NSPORTER						
RATOR						
DRATION OFFICE						
ldon S. Guest & I. J.						
Oil Reports & Gas S	ervices, Inc., Box 763,	Hobbs, New Me	xico 88240			
ason(s) for filing (Check proper box)		Other (Plea	se explain) ective May	1. 1972		
ecompletion	Change in Transporter of: Oil Dry Ge		eccive may	-,		
hange in Ownership	Casinghead Gas Cond					
change of ownership give name and address of previous owner	Chavez Oil Ltd., Hobbs,	, New Mexico		10-070336		
DESCRIPTION OF WELL AND LEASE Lease Name Drickey Queen Well No. Pool Name, Including Captrock		Cormation.	Kind of Lease	_		
Sand Unit Tract 8	1 Caprock Qu		State, Federal	or Fee Federal	above	
Location C : 660	Feet From The North	ne and 1988	Feet From T	he West		
Unit Letter,	14 S	31 E	Ch	aves	County	
Line of Section 22 Tow	mship Range	, NMF	'M,		County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATUE	Address (Give addres	s to which approv	ed copy of this form is	to be sent)	
Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company		Box 1510, Midland, Texas /9/01				
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give addres	s to which approv	ed copy of this form is	to be sent)	
If well produces oil or liquids,	Unit Sec. TYP4S 31E	Is gas actually conne	cted? Whe	n		
give location of tanks.	A 10					
If this production is commingled wit COMPLETION DATA	h that from any other lease or pant,					
Designate Type of Completio	on - (X) Gas Well	New Well Workove	r Deepen	Plug Back Same Re	es'v. Diff. Res	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					
Perforations				Depth Casing Shoe		
	TUBING, CASING, A					
HOLE SIZE	CASING & TUBING SIZE	DEPTH	DEPTH SET		SACKS CEMENT	
		:				
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test no 1)	Her recovery of total v	olume of load oil	and must be equal to or	exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
Date 1 has New Contract		gaing Pressure		Choke Size		
Length of Test	Tubing Pressure	tis ild Freesome				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF		
				<u></u>		
GAS WELL		Bbis, Condensate/M	WCE .	Gravity of Condensa	te	
Actual Prod. Test-MCF/D	Length of Test			3,241.7 51 55.125.15		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Si	ut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	CE	011	_ CONSERVA	ATION COMMISSI	ON	
		APPROVED			19	
I hereby certify that the rules and Commission have been complied to		.5 H			igned by	
above is true and complete to the	best of my knowledge and belief	15		Dist.	I, Supv.	
	1. A.	TITLE				
Konne Welles			for allow	compliance with RU wable for a newly dri	illed or deeper	
(Signature) Agent		well, this form n	nust be accompa he well in acco	inted by a tabulation redance with RULE 1	11.	
Agent (Title)		All sections	of this form mu	ist be filled out compells.	pletely for allo	
June 9, 1972				e ver and the for ch	nanges of own	
(Date)		Fill out only Sections I, II, III, and VI to Change of conditions well name or number, or transporter, or other such change of conditions separate Forms C-104 must be filed for each pool in multip				

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JUN 9 1972 OIL CONSERVATION COMM. HOBBS, N. M.







Job separation sheet

Form C-104 Supersedes Old C-104 and C-110 NEW MEXICE OIL CONSERVATION COMM. SSION REQUEST FOR ALLOWAB SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS .s.G.s. AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Chave Oil Ltd. c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Effective May 1, 1972 New Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership X If change of ownership give name cities Service Oil Co., Hobbs, New Mexico and address of previous owner **IC-070336** II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation Lease Name Drickey Queen State, Federal or Fee Caprock Queen Federal above Sand Unit Tract 8 _ Feet From The _ West Feet From The North Line and 1988 __;__660_ Unit Letter C Chaves County Range 31 E , NMPM, 14 S Township Name of Authorized Transporter of Oil Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company or Dry Gas Name of Authorized Transporter of Casinghead Gas Is gas actually connected? Twp. P.ge. Sec. Unit If well produces oil or liquids, give location of tanks. 31E No 148 16 If this production is commingled with that from any other lease or pool, give commingling order number: Plug Back Same Res'v. Diff. Res'v. IV. COMPLETION DATA New Well Oil Well Gas Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Cusing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod, During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION PERMISSION

APPROVED

Orie. Signed by Joe D. Ramey

Dist. I, Supv.

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

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.

Kenne (Signature)

> gent (Title)

May 3, 1972

(Date)

Manager Comments

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OIL CONSERVATION Claud. HOBBS, N. E.