

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form
Supersedes C-102 and C-110
Effective 1-1-68

Operator Rapid Company, Inc.	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 86240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) Note: Well to be plugged as per C-103 dated 6/26/74

If change of ownership give name and address of previous owner **Miller & Miller Auctioneers, Inc., 2525 Brennan Ave., Ft. Worth, TX 76102**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eastcap Queen Unit	Well No. 3	Pool Name, including Former Caprock Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter M	330	Feet From The South	330	Feet From The West
Line of Section 23	Township 14 S	Range 31 E	NMPM, Chaves	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 to which approved copy of this form is sent	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address to which approved copy of this form is sent	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is well 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	Redrive	Redrive	Deepen	Plug Back	Other	Pl. Res'v.
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 Set					
TUBING, CASING, AND CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Test Method (flow, pump, gas lift, etc.)
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	Test Method (flow, pump, gas lift, etc.)
Testing Method (pitot, back pr.)	Tubing 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)

Agent

(Title)

2/5/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 10-104.

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 10-104.

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

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.