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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-8459	
7. Unit Agreement Name	
8. Farm or Lease Name State "D"	
9. Well No. 5	
10. Field and Pool, or Wildcat Caprock Queen	
12. County Chaves	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Rapid Company, Inc.

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240

4. Location of Well
UNIT LETTER **M** **460** FEET FROM THE **South** LINE AND **330** FEET FROM THE **West** LINE, SECTION **27** TOWNSHIP **14 S** RANGE **31 E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4420

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

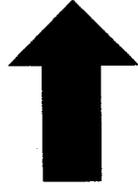
**To cancel notice to plug.
Well to be returned to production.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Norman Keller* TITLE Agent DATE 2/5/75

APPROVED BY Joe D. [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____



LTR



Job separation sheet

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

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

I. OPERATOR
Operator Rapid Company, Inc.
Address c/o Oil Reports & Jan Services, Inc., Box 763, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box) Effective 2/1/75
Other (Please explain) Formerly Eastcap Queen Unit #13

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Miller & Miller Auctioneers, Inc., 2525 Brennan Ave. Ft. Worth, TX 76122

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "D"</u>	Well No. <u>5</u>	Pool Name, including Former <u>Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-3159</u>
Location Unit Letter <u>M</u> <u>460</u> Feet From The <u>South</u> <u>330</u> Feet From The <u>West</u>	Line of Section <u>27</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (The address to which approved copy of this form is to be sent) <u>North Freeman Avenue, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None - 18TH</u>	Address (The address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. <u>G</u> <u>27</u> <u>14 S</u> <u>31 E</u>	Is it naturally connected? <u>No</u> 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	Refracture	Recover	Deepen	Plug Back	SP	Art. Restv.
Date Spudded	Date Compl. Ready to Prod.		Test Depth	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 OF CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be run for a period of 24 hours and must be equivalent to a 24 hour test)

Date First New Oil Run To Tanks	Date of 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	Ed. 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.

W. M. Hollen
(Signature)

Agent
(Title)

2/5/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____

BY _____

TITLE _____

This form is to be filed in compliance with Rule 10.1. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of deviation tests taken on the well in accordance with RULE 10.1. All sections of this form must be filled out completely for allowable wells and recompleted wells. Only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.