

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

Form C-104  
Superseding C-104 and C-110  
Effective 1/1/74

3. OF COPIES RECEIVED		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. OPERATOR  
**Rapid Company, Inc.**

Address  
**c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**

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)  
**Notes: Well to be plugged as per C-103 dated 10/14/74**

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 <b>Eastcap Queen Unit Tr 35</b>	Well No. <b>4</b>	Pool Name, including Range <b>Caprock Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-3277</b>
Location Unit Letter <b>D</b> <b>990</b> Feet From The <b>North</b> <b>330</b> Feet From The <b>West</b>	Line of Section <b>34</b> Township <b>14 S</b> Range <b>31 E</b> NMFM, <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"/>	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"/>	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. County
Is well connected?	When

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Deepen	Plug Back	Other
Date Spudded	Date Compl. Ready to Prod.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				
Perforations					
TUBING, CASING, AND CEMENT		DEPTH SET			
HOLE SIZE	CASING & TUBING SIZE	SACKS			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	This form is to be filed in compliance with RULE 10. 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. All sections of this form must be filled out completely for allowable and recompleted wells. Only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.
Length of Test	Tubing Pressure	
Actual Prod. During Test	Oil - Bbls.	
		Choke Size
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Grav. of Gas
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)