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

Form O
Supersedes Forms O-1 and O-2
Effective 1-1-68

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)
Effective 2/1/75
Formerly Eastcap Queen Unit #20
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 State #49	Well No. 1	Pool Name, including Federal Caprock Queen	Kind of Lease State, Federal or Fee State	Lease No. E-5364
Location Unit Letter B ; 660 Feet From The North ; 1980 Feet From The East Line of Section 34 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is sent) North Freeman Avenue, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - TSTM	Address (Give address to which approved copy of this form is sent)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 34
	Twp. 14 S	Rge. 31 E
	Is well actually connected? No 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	Shallow	Deepen	Plug Back	Other
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			
TUBING, CASING, AND CEMENT						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be taken on a well that is capable for this test and must be approved by the Commission.)

Date First New Oil Run To Tanks	Date of Test	Flowing well or shut-in (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	Flowing well or shut-in (flow, pump, gas lift, etc.)	Gravity 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.

Heena H. Miller
(Signature)
Agent
(Title)
2/5/75
(Date)

APPROVED
BY
TITLE

This form is to be filed in compliance with Rule 10.2. 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 10.2. 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.