

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

Form C
Supersedes Forms 104 and C-110
Effective 1-1-75

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) Effective 2/1/75 Formerly Eastcap Queen Unit #28	
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 "A"	Well No. 1	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee State	Lease No. E-7662
Location Unit Letter L 1980 Feet From The South 660 Feet From The West 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 to be sent) North Freeman Ave., 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 to be 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?	When
	No	

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	Ne	Workover	Deepen	Plug Back	St	Art. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		R			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		R			Tubing Depth		
Perforations						Depth Casing to		
TUBING, CASING, AND CEMENT								
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 must be taken on a new well or on a well that has been shut-in for 30 days or more and must be equivalent to a new well (i.e., no 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 Pressure (Shut-in)	Grav. of Condensate
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.

James Miller
(Signature)
Agent
(Title)
2/5/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 10-1-1, N.M.S.A.
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 10-1-1, N.M.S.A.
All sections of this form must be filled out completely for allowable for new 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.