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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 C-104
Superseded by C-104 and C-110
Effective 1-1-51

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 #34
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. **2** Pool Name, including Form **Caprock Queen** Kind of Lease **State** Lease No. **E-7662**
Location
Unit Letter **N** ; **660** Feet From The **South** Line and **1980** 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 ☒ or Condensate ☐
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent)
North Freeman Avenue, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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** **No** Well is 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
Date Spudded Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation
Perforations
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 purpose)
Date First New Oil Run To Tanks Date of Test
Length of Test Tubing Pressure
Actual Prod. During Test Oil-Bbls. Gas-MCF
Choke Size

GAS WELL
Actual Prod. Test-MCF/D Length of Test
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.
Agent
2/5/75
OIL CONSERVATION COMMISSION
APPROVED
BY
TITLE
This form is to be filed in compliance with RULE 10.6.
This is a request for allowable for a newly drilled or deepened well. The form must be accompanied by a tabulation of deviation tests taken on the well in accordance with RULE 10.6.
All sections of this form must be filled out completely for allowable 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.