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SANTA FE			
FILE			
U.S.G.S.		<u> </u>	L
LAND OFFICE			L
TRANSPORTER	OIL		
	GAS	<u></u>	<u> </u>
OPERATOR		<u> </u>	L
PROBATION OFFICE		1	1

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE		AND				
ļ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	A5			
ļ	LAND OFFICE						
	TRANSPORTER GAS						
- }							
	PRORATION OFFICE						
1.	Operator						
	Miller & Miller Auc	iller & Miller Auctioneers, Inc.					
	2525 Breanan Avenue	Fort Worth, T					
1	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:	<u></u>	·			
ĺ	Recompletion	Oil Dry Gas	<i>7</i> ≒1				
ı	Change in Ownership	Casinghead Gas Condens	sate []				
	If change of ownership give name and address of previous owner	AGUA, INC. P. O	). Box 1978 Hobbs	New Mexico 88240			
	DESCRIPTION OF WELL AND I	FASF					
11.	Lease Name	Well No.   Poor leding, merading .		_   -			
F.	astcap Queen Pool Un	it 19   Caprock Qu	1een State, Federal	or F•• State			
Ī	Location		1.550				
	Unit Letter <u>C</u> ; 990	Feet From The North Line	e and 1650 Feet From T	he West			
		1/ 0	Fast	Chaves county			
	Line of Section 34 Tow	mship 14 South Range 31	East , NMPM,	GIAVES County			
		CER OF OUT AND NATURAL CA	•				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Addiction						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)			
		7	Is gas actually connected? Whe	n			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is das actually connected?				
	give location of tanks.	<u> </u>	<u> </u>				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		1				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACRO CEMENT			
	L DECLIEST FO	OP ALLOWARIE (Test must be at	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST FOOL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.j			
			God Brossins	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	<b>S</b>			
		Oil-Bbls.	Water - Bbls.	Gas-MCF			
	Actual Prod. During Test	Oti-Bbis.					
		<u> </u>	1				
	GAS WELL  Actual Prod. Test-MCF/D   Length of Test   Bbls. Condensate/MMCF   Gravity of Condensate			Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION			
			APPROVED	101 25 1974.			
	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.		APPROVED	Orig. Signed by			
			BY	Tobb Birth III			
			31	L MANIGOUSE			
			TITLE				
-530 m / h			This form is to be filed in	compliance with RULE 1104.			
	-1 $1$	1 / An heall	If this is a request for allow	vable for a newly drilled or despensed			

-RD 12 12	
Manager (Signature)	muny
Manager	

if 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 111.

All sections of this form must be filled out completely for allowable on Table 2000 and the sections of the section of the section