

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

Form OCS-1
Superseded by OCS-104 and C-110
Effective 1-1-65

| | | |
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| SANTA FE | | |
| FILE | | |
| 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 ☐
Effective 2/1/75
Formerly Eastcap Queen Unit #36
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 #1 | Well No. 2 | Pool Name, including Formation Caprock Queen | Kind of Lease State, Federal or Fee State | Lease No. E-5364 |
| Location Unit Letter P 990 Feet From The East Line and 990 Feet From The South 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 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 to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 34 |
| | Twp. 14 S | Rge. 31 E |
| | Is oil naturally compressed? No When | |

If this production is commingled with that from any other lease or pool, give shipping order number:

IV. COMPLETION DATA

| | | | | | | |
|------------------------------------|-----------------------------|----------|------------------|-----------|---------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | Deepen | Plug Back | Shut-in | Off. Res'tv. |
| 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 Set | | | |
| TUBING, CASING, AND CEAM | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | SACK | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after completion of well and must be allowable for this depth and production of oil and must be allowable for this depth and production of gas (oil, etc.)

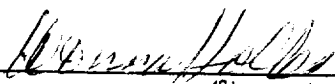
| | | |
|---------------------------------|-----------------|------------|
| Date First New Oil Run To Tanks | Date of Test | Choke Size |
| Length of Test | Tubing Pressure | Gas-MCF |
| Actual Prod. During Test | Oil-Bbls. | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Gas-MCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing 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)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 10.0A.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of production tests taken on the well in accordance with RULE 10.0A.

All sections of this form must be filled out completely for allowable, recompletion, 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.