

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
FORMATION OFFICE	
OFFICE	

Operator: CINDY C OPERATING CORPORATION

Address: Box 1829, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
		Gas	<input type="checkbox"/>
		Coalbed Gas	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>W.R. MEANS</u>	<u>2</u>	<u>VEST RANCH QUEEN</u>	State: <u>Federal</u> or Fee	<u>NM</u> <u>0323165A</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>J</u>	<u>2310</u>	<u>SOUTH</u>	<u>2310</u>
Line of Section	Township	Range	NMPM	County
<u>28</u>	<u>14S</u>	<u>30E</u>		<u>CHAVES</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO CRUDE OIL PURCHASING COMPANY</u>	<u>P.O. DRAWER 175, ARTESIA, N.M. 88210</u>
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE</u>	
If well produces oil or liquids, give location of tanks.	Is well actually connected? When
Unit <u>J</u> Sec. <u>28</u> Twp. <u>14S</u> Rge. <u>30E</u>	<u>NO</u>

If this production is commingled with that from any other lease or pool, give commingling order number: NO

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Res'ty.	Full Res'ty.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O. P.O.					
Notes (BF, RND, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations	Length Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all oil for this depth or be for full 24 hours)

Date First New Oil in To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jerry Sexton
(Signature)
PRESIDENT
(Title)
2-5-80
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 5 1980, 19

BY Jerry Sexton
Dist 1, Supv.

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of credit.
Separate Forms C-104 must be filed for each pool in mult completed wells.

RECEIVED

FEB 5 1980

O.C.D. HOBBS OFFICE