HO. OF COPIES REC	Elvau j	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		1
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

President

9/18/75

(Title)

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	REQUEST	ONSERVATION COMMI N FOR ALLOWABLE AND INSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS	
1.	OPERATOR PRORATION OFFICE Operator				
	Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Ga	Other (Please explain)	75202	
	If change of ownership give name and address of previous owner	Casinghead Gas Conder	is ate		
II.	DESCRIPTION OF WELL AND I	LEASE. Well No. Pool Name, Including F	ormation Kind of Lea		
	Walters-Federal Location	2 SE Chaves Q	ueen -		
		50 Feet From The West Lin	ee and <u>1980</u> Feet From	Chaves County	
III.	DESIGNATION OF TRANSPORT	rer of oil and natural GA	As Address / Give address to which approximately	roved cop~ of this form is to be sent)	
	Name of Authorized Transporter of Oil				
	Name of Authorized Transporter of Cas Cha La Cryogenic If well produces oil or Hquids,	41	P. O. Box 6609. Is gas actually connected?	Roswell, NM 88201	
	If this production is commingled with	th that from any other lease or pool.	NO give commingling order number:	October 1, 1975	
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Flug Back Same Res'v. Diff. Res'v. Designate Type of Completion — (X) Y Y				
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	12-18-74	1-8-75 Name of Froducing Formation	2215 Top Oil/Bes Pay	2173 Tuking Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3863.5 GR	Queen	2118	2085	
	Perforations 2118-28			Depth Casing Shoe 2215	
	7.110-20	TUBING, CASING, AN	D CEMENTING RECORD	2213	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	1]"	8 5/8	139	120 Ciruclated	
	7 7/8"	4 1/2	2215	275 sx	
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be able for this d	epth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.;	
	Length of Test	Tubing Pressure	Casing Fressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bols.	Gas - MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	417	3	-0- Casing Pressure (Shut-in)	-0- Choke Size G /6/1 10 /6/1	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 772	740	Choke Size 8/64 10/64 12/64 14/64	
VI.	4 Pt. back pr. 772 CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERV	VATION COMMISSION	
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.			in the same of the		
	(Sign		This form is to be filed i	in compliance with RULE 1104. lowable for a newly drilled or deepened possible by a tabulation of the deviation	
	(Sign	iditure)	tests taken on the well in ac	cordance with RULE 111.	

All sections of this form must be filled out completely for allowable on new 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.

Separate Forms C-104 must be filed for each pool in multiply