NO. OF COPIES RECE	EIVED		
DISTRIBUTIO	N		
SANTA FE			
FILE			Ĺ
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	GAS	<u> </u>	
OPERATOR			<u> </u>
		1	l

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE		AND	
L	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	iAS
	LAND OFFICE		•	
	TRANSPORTER OIL		ı	
	GAS			
ľ	OPERATOR			
1.	PRORATION OFFICE			
<b>*</b> *†	Operator			
Ì	. Petroleum Corporat	ion of Texas		
}	Address	Ton of Italia		
		alammidae Towns		
-	P. O. Box 752, Bre Reason(s) for filing (Check proper box	ckenridge, lexas	Other (Please explain)	
	``` <del>[-]</del>		,	· Nome
Ì	New Well	Change in Transporter of:	Change of Ope	- 1
	Recompletion	Oil Dry Go		7 1, 1965
l	Change in Ownership	Casinghead Gas Conder	nsate	<del> </del>
•				
1	If change of ownership give name	Graridge Corporation	. P. O. Box 752, Brecker	ridge, Texas
,	and address of previous owner			
TT	DESCRIPTION OF WELL AND	LEASE		
<b></b> .	Lease Name	Tract 29 Well No. Pool Na	me, Including Formation	Kind of Lease
		·	prock Queen Lea	State, Federal or Fee State
	North Caprock Queen	Unit No. 1   Lizh		
ļ	· <del></del>	co. Couch	660	The West
	Unit Letter L ; 16	550 Feet From The South Lin	ne and 660 Feet From 1	The West
				County
	Line of Section 8 To	wnship 13S Range	32E , NMPM, Lea	County
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	and some of this form is to be sent)
	Name of Authorized Transporter of Of	1 or Condensate	Address (Give address to which appro-	ved copy of this form is to be semi
	Water Injection We	1 1		
	Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	14dillo of 11dillotte			
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
	If well produces oil or liquids,	Unit Sec. 1 wp.		
	give location of tanks.		<u> </u>	
	The anduction is commingled W	ith that from any other lease or pool,	give commingling order number:	
	IA AUTE DEOUTICITOR IS COMMISSING,			
IV.	COMPLETION DATA			Plug Back   Same Resty, Diff. Resty.
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
IV.		Oil Well Gas Well	New Well Workover Deepen	
IV.	COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Restv. Diff. Restv.
IV.	Designate Type of Complete	ion - (X)   Oil Well   Gas Well	New Well Workover Deepen	P.B.T.D.
IV.	Designate Type of Complete	ion - (X)   Oil Well   Gas Well	New Well Workover Deepen	
IV.	Designate Type of Complet	ion - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
IV.	Designate Type of Complet: Date Spudded Pool	ion - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
IV.	Designate Type of Complet	ion - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.  Tubing Depth
IV.	Designate Type of Complet: Date Spudded Pool	Date Compl. Ready to Prod.  Name of Producing Formation	New Well Workover Deepen  Total Depth  Top Oil/Gas Pay	P.B.T.D.  Tubing Depth
IV.	Designate Type of Complet:  Date Spudded  Pool  Perforations	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN	New Well Workover Deepen  Total Depth  Top Oil/Gas Pay	P.B.T.D.  Tubing Depth  Depth Casing Shoe
IV.	Designate Type of Complet: Date Spudded Pool	Date Compl. Ready to Prod.  Name of Producing Formation	New Well Workover Deepen  Total Depth  Top Oil/Gas Pay	P.B.T.D.  Tubing Depth
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	Designate Type of Complet:  Date Spudded  Pool  Perforations  HOLE SIZE	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE	New Well Workover Deepen  Total Depth  Top Oil/Gas Pay  ID CEMENTING RECORD  DEPTH SET	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
	Designate Type of Complet:  Date Spudded  Pool  Perforations  HOLE SIZE	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE	Total Depth  Top Oil/Gas Pay  ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
	Designate Type of Complet:  Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE	New Well Workover Deepen  Total Depth  Top Oil/Gas Pay  ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil lepth or be for full 24 hours)	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
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	Designate Type of Complet:  Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this a	Total Depth  Top Oil/Gas Pay  ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil lepth or be for full 24 hours)  Producing Method (Flow, pump, gas left)  Casing Pressure	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  l and must be equal to or exceed top allow  lift, etc.)  Choke Size
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	Designate Type of Complet:  Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this a Date of Test  Tubing Pressure  Oil-Bbls.	Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume of load oil lepth or be for full 24 hours)  Producing Method (Flow, pump, gas left)  Casing Pressure  Water-Bbls.	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  Land must be equal to or exceed top allow  lift, etc.)  Choke Size  Gas-MCF
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<b>v</b> .	Designate Type of Complet:  Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this a Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure	Total Depth  Top Oil/Gas Pay  ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil lepth or be for full 24 hours)  Producing Method (Flow, pump, gas left)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top allow  lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size
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<b>v</b> .	Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this a	Total Depth  Top Oil/Gas Pay  ID CEMENTING RECORD  DEPTH SET  after recovery of total volume of load oil lepth or be for full 24 hours)  Producing Method (Flow, pump, gas left)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure  OIL CONSERV	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top allow  lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size
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above is true and complete to the best of my knowledge and belief.

WA	rite		
(Signature)	Charles	W.	Smith
Manager			
(Title)			
	Manager	Manager	Manager Charles W.

May 1, 1965 (Date)

OIL CONSERV	* *
APPROVED	), 19
	Money
BY	

This form is to be filed in compliance with RULE 1104.

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 new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 completed wells.