## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		_	1
SANTA PE		1	1
FILE		1-	1-
U.S.O.A.		1-	_
LAND OFFICE			<del>                                     </del>
TRANSPORTER	OIL		
	DAS		
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL CA

I. AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS	
Operator		
Circle Ridge Production Inc.	30-005-00298	
c/o Oil Reports & Gas Services. Inc. P. O. B. Receson(s) for filing (Check proper box)	ox 755, Hobbs, NM 88241	
New Well Change in Transporter of:	Other (Please explain)	
Recognition (III)	Dry Gas	
Change to Comments	Condensate	
If change of ownership give name and address of previous owner		<del></del> -
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including	Formation Kind of Lease	
Rock Queen Unit Sec. 30 11 Caprock Queen	State Foderal or Fra	
Location	State B-11	332
Unit Letter K : 1980 Feet From The South Li	ine and 1980 Feet From The West	
	Total Ine west	
Line of Section 30 Township 135 Range	32E , NMPM, Lea co	unty
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	Y 0.40	
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)	<del></del>
Navajo Refining Company	1	,
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 159. Artesia. NM 88210 Address (Give address to which approved copy of this form is to be sent)	<del></del> -
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When	
give location of tanks. C 30 13S 32E	No	
If this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED DEC 2 1986	
my knowledge and belief.	Orig. Signed by	
	Paul Kautz Geologist	
<u>,</u>	TITLE Geologist	
Money Wille		
		ened
(Signature)  well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.		stion
(Title)	All sections of this form must be filled out completely for al able on new and recompleted wells.	llow
11/26/86 (Date)	Fill out only Sections I. II. III, and VI for changes of ow well name or number, or transporter, or other such change of conditions.	mer, tion,

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

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