|  | CORRECTE   | D REPORT   |   |  |
|--|--|--|---|--|
| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE   | 1  | ONSERVATION COMMISSION   | Form C-104<br>Supersedes Old C-104 and C-110<br>Effective 1-1-65  |  |
| FILE<br>U.S.G.S.<br>LAND OFFICE  | AUTHORIZATION TO TRA   | AND<br>NSPORT OIL AND NATURAL GA   |   |  |
| TRANSPORTER OIL GAS OPERATOR   |  |  |   |  |
| PRORATION OFFICE<br>Operator   |  |  |   |  |
| Murphy H. Baxt   |  |  |   |  |
| 8]4 Building C<br>Reason(s) for filing (Check proper box   | f the Southwest, Midland   | , Texas 79701<br>Other (Please explain)  |   |  |
| New Well   | Change in Transporter of:  |  | e - well taken into Unit  |  |
| Recompletion   | Oil Dry Ga<br>Casinghead Gas Conden  | sate 🔲 Was Cockburn B S  | t. No. 4  |  |
| If change of ownership give name<br>and address of previous owner  | Cities Service Oil Co.,  | Box 4906, Midland, Texa  | s 79701   |  |
| . DESCRIPTION OF WELL AND  | 1 Mail Mr. Deal Mana Jagluding Fr  | ormation Kind of Lease   | Lease No.   |  |
| Lease Name North E K Quee<br>Unit - Tract 2  |  | en Rivers Queen State, Federal   |   |  |
| Unit LetterB;6   | 660 Feet From The North Lin  | e and <u>1650</u> Feet From T  | he East   |  |
| Line of Section 1 To   | wnship 18S Range   | 33Е , NMPM,  | Lea County  |  |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA  | S<br>Address (Give address to which approve  | ed copy of this form is to be sent)   |  |
| Texas-New Mexico Pipe  | Line Company   | Box 1510, Midland, Texas 79701<br>Address (Give address to which approved copy of this form is to be sent)                                 |   |  |
| Name of Authorized Transporter of Ca<br>Phillips Petroleum Co  |  | Phillips Bldg., Odessa   |   |  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Ege.  | Is gas actually connected? When  | n   |  |
| If this production is commingled with the completion of the commingle of the completion of the complet | ith that from any other lease or pool,   | give commingling order number:   |   |  |
| Designate Type of Completi   | on - (X)   | New Well Workover Deepen   | Plug Back Same Res'v. Diff. Res'v.  |  |
| Date Spudded   | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.  |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation  | Top Cil/Gas Pay  | Tubing Depth  |  |
| Perforations   |  | <u> </u>   | Depth Casing Shoe   |  |
|  | ······································   | D CEMENTING RECORD   | SACKS CEMENT  |  |
| HOLE SIZE  | CASING & TUBING SIZE   |  |   |  |
|  |  |  |   |  |
| . TEST DATA AND REQUEST F  | OR ALLOWABLE (Test must be a   | fter recovery of total volume of load oil a  | nd must be equal to or exceed top allow   |  |
| OIL WELL<br>Date First New Oil Run To Tanks  |  | pth or be for full 24 hours)<br>Producing Method (Flow, pump, gas lift   |   |  |
| Length of Test   | Tubing Pressure  | Casing Pressure  | Choke Size  |  |
|  | On-Bbis.   | Water-Bbls.  | Gas - MCF   |  |
| Actual Prod. During Test   | 011-8018.  |  |   |  |
| GAS WELL<br>Actual Prod. Test-MCF/D  | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate   |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)  | Choke Size  |  |
| . CERTIFICATE OF COMPLIAN  | ICE  |  | TION COMMISSION   |  |
|  |  |  | TION COMMISSION   |  |
| Commission have been complied  | regulations of the Oil Conservation<br>with and that the information given<br>e best of my knowledge and belief. | BY The flin  | y   |  |
|  |  | TITLE SUPER /1302 DI   | •   |  |
| D.M. Sugar   |  | This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deepened               |   |  |
| (Signature)  |  | well this form must be accompany   | If this is a request for allowable for a newly drifted or deepend<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111. |  |
| Petroleum Engineer(Title)  |  | All sections of this form must be filled out completely for allow-<br>able on new and recompleted wells.                                   |   |  |
| 10-27-70   |  | Fill out only Sections I, II, III, and VI for changes of owner,<br>well name or number, or transporter, or other such change of condition. |   |  |
| . (L   | late)  |  | be filed for each pool in multiply  |  |

|  | <b>a</b> l                                  | -   |  |
|--|---|---|--|
| DISTRIBUTION   | NEW MEXICO OIL C                            | ONSERVATION COMMISSION  | Form C-104   |
| SANTA FE   | REQUEST                                     | FOR ALLOWABLE   | Supersedes Old C-104 and C-110<br>Effective 1-1-65 |
| FILE   |   | AND   |  |
| U.S.G.S.   | AUTHORIZATION TO TRA                        | NSPORT OIL AND NATURAL GAS  |  |
| TRANSPORTER OIL  | -   |   |  |
| GAS  | -   |   |  |
| PRORATION OFFICE   |   |   |  |
| Murphy H. Baxter   |   |   |  |
| Address<br>814 Building of the   | Southwest, Midland, Texas 7                 | /9701   |  |
| Reason(s) for filing (Check proper box   | :)  | Other (Please explain)  |  |
| New Well Recompletion  | Oil Dry Ga                                  | I lease name change -   | w <b>ell take</b> n into Unit                      |
| Change in Ownership  | Casinghead Gas Conden                       |   |  |
| If change of ownership give name<br>and address of previous owner  | Cities Service Oil Co., Box                 | 4906 , Midland, Texas 79701   |  |
| DESCRIPTION OF WELL AND  | LEASE<br>Well No. Pool Name, Including Fo   | ormation Kind of Lease  | Lease No.  |
| North E K Queen Unit Tra   |   | Charles Endered on  | Fee State E2439                                    |
| Location   |   | e and 1450 Feet From The  | East   |
| • •  | 50 Feet From The North Lin                  |   |  |
| Line of Section To   | wnship 185 Range                            | <u>33E</u> , NMPM,  | Lea County   |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA                   | 3 S<br>Address (Give address to which approved  | copy of this form is to be sent)                   |
| Texas-New Mexico Pipe  |   | Box 1510, Midland, Texas<br>Address (Give address to which approved   | 79701  |
|  |   |   |  |
| Phillips Petroleum Comp  | Unit Sec. Twp. Ege.                         | Phillips Building, Odessa,<br>is gas actually connected?  | 10XQ5 / 7/00                                       |
| give location of tanks.  |   |   |  |
| If this production is commingled w<br>. COMPLETION DATA  | ith that from any other lease or pool,      |   | lug Back   Same Res'v, Diff. Res'v,                |
| Designate Type of Completi   | on - (X)                                    | New Well Workover Deepen F  | Tug Buck Sume nes C. Dim nes C.                    |
| Date Spudded   | Date Compl. Ready to Prca.                  | Total Depth F   | P.B.T.D.   |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                 | Top Oil/Gas Pay   | Tubing Depth                                       |
| Perforations   |   | i   | Depth Casing Shoe                                  |
| Periorationa   |   |   |  |
| HOLE SIZE  | TUBING, CASING, AND<br>CASING & TUBING SIZE | DEPTH SET   | SACKS CEMENT                                       |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| . TEST DATA AND REQUEST F  |   | fier recovery of total volume of load oil and option of total volume of load oil and option of the for full 24 hours)   | l must be equal to or exceed top allow-            |
| OH, WELL<br>Date First New Oll Run To Tanks  | Date of Test                                | Producing Method (Flow, pump, gas lift,   | etc.)  |
| Length of Test   | Tubing Preasure                             | Casing Pressure   | Choke Size   |
|  |   | Water-Spis.   | Gas • MCF  |
| Actual Proa, During Test   | Oil-Bbls.                                   | Vdtot - 2018.   |  |
| ۱ <u>ــــــــــــــــــــــــــــــــــــ</u>  |   |   |  |
| GAS WELL<br>Actual Prod. Test-MCF/D  | Length of Test                              | Bbla. Condensate/MMCF   | Gravity of Condensate                              |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shuiz-12)                  | Casing Pressure (Shut-in)   | Choke Size   |
|  |   |   |  |
| . CERTIFICATE OF COMPLIAN  |   | () 001151   | 970 19   |
| I hereby certify that the rules and regulations of the Oil Construction<br>Commission have been complied with and that the information diven<br>above is true and complete to the best of my knowledge and belief. |   | APPROVED  |  |
|  |   | 3Y JUSTRIC  |  |
|  | <u>_</u>                                    | TITLE   |  |
| W.U.S.   |   | This form is to be filed in con   | npliance with RULE 1104.                           |
| (Signature)  |   | If this is a request for allowable for a newly drilled or despend<br>well, this form must be accompanied by a tabulation of the deviation<br>tests takes on the well in accordance with RULE 111. |  |
| Petroleum Engineer   |   | tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow-  |  |
| (Title)<br>10-13\$70   |   | able on new and recompleted wells   | s.<br>III. and VI for changes of owner.            |
|  | Date)                                       | well name or number, or transporter   | , or other such change of condition.               |
|  |   | Separate Forms C-104 must t<br>completed wells.   | be filed for each pool in multiply                 |