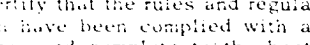


Nov 10 1 32 PM '65

II. DESCRIPTION OF WELL AND LEASE		Vacuum-Queen	
State Bridges "B" State	Well No. 1	Foot Name, Incl. Line Formation	Kind of Lease
	1	Vacuum Queen	R-3030 State, Federal or Other State
Section <u>E</u> 1960 Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u>			
Range	12	Township	17S
County	34E	Range	Lea

If this production is commingled with that from any other lease or pool, give commingling order number: _____									
IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X				X		X
Recompletion Commenced: 8-9-65		Date Compl. Ready to Prod. 9-9-65		Total Depth 4823'		P.B.T.D. 3995'			
Vacuum Queen		Name of Producing Formation Queen		Top Oil/Gas Pay 3890'		Tubing Depth 3816'			
Casing Depth 3890 - 3918'						Depth Casing Shoe 4770'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"		10-3/4"		638'		415			
8-3/4"		5-1/2"		4770'		1700			

GAS WELL			
ACFP 2167	Length of Test 4 hrs	Bbls. Condensate/MMCF None	Gravity of Condensate --
Test Interval: (1st to last back pr.) Back Pr.	Tubing Pressure 250 to 740#	Casing Pressure Packer	Choke Size 1/4" to 5/8"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		APPROVED _____, 19____	
 (Signature)		BY _____	
Area Supt. (Title)		TITLE _____	
11-9-65 (Date)		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	