

Card 20
22-18-34

East E+ Queen Unit #5
8 5/8 413 circulated
5 1/2 4505 top cement 2775

4573-4582

retainer 4000

Plug across gaps

100 Plug	Queen	3778
100 Plug	gates	3312
100 Plug	to H	-

100 Plug across surface shoe
surface plug

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 GAS

I.

Operator PSA Producers	
Address c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Effective 12/1/86

If change of ownership give name and address of previous owner **Conoco, Inc., Box 460, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name East EK Unit	Well No. 5	Pool Name, including Formation East EK Queen	Kind of Lease State, Federal or Fee State	Lease No. E-3072-3
Location Unit Letter 0 : 330 Feet From The South Line and 1980 Feet From The East Line of Section 22 Township 18S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Injection Well	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

I 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 my knowledge and belief.

Alfonso J. Valles
(Signature)

Agent
(Title)
4/13/87
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 15 1987, 19_____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 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 completed wells.