

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

Operator  
**Murphy H. Baxter**

Address  
**814 Building of the Southwest, Midland, Texas 79701**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      Oil       Dry Gas

Recompletion       Casinghead Gas       Condensate

Change in Ownership       **Lease name change - well taken into Unit**

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

|   |                        |   |  |                              |
|---|------------------------|---|--|------------------------------|
| Lease Name<br><b>North E K Queen Unit Tract 4</b> | Well No.<br><b>7</b>   | Pool Name, including Formation<br><b>E K Yates Seven Rivers Queen</b> | Kind of Lease<br>State, Federal or Fee<br><b>State</b> | Lease No.<br><b>E8714</b>    |
| Location  |                        |   |  |                              |
| Unit Letter<br><b>G</b>                           | <b>1650</b>            | Fees From The<br><b>North</b>   | Line and<br><b>1930</b>                                | Fees From The<br><b>East</b> |
| Line of Section<br><b>7</b>                       | Township<br><b>13S</b> | Range<br><b>34E</b>   | , NMPM, <b>Lea</b> County                              |                              |

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <b>Texas-New Mexico Pipe Line Co.</b>  | <b>Box 1510, Midland, Texas 79701</b>                                    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>Phillips Petroleum Co.</b>  | <b>Phillips Bldg., Odessa, Texas</b>                                     |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? <b>Yes</b> When <b>2-24-63</b>                |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

|   |                             |          |                 |          |                   |           |             |              |
|---|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)        | Oil Well                    | Gas Well | 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 Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                              |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| <b>TUBING SIZE, AND CE TESTING RECORD</b> |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                                 | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|   |                             |          |                 |          |                   |           |             |              |
|   |                             |          |                 |          |                   |           |             |              |
|   |                             |          |                 |          |                   |           |             |              |

**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

**SHUT-IN WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 COMPLIANCE**

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.

**W. U. Sum**  
(Signature)  
**Petroleum Engineer**  
(Title)  
**10-13-70**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED **10 13 1970**, 19\_\_\_\_

BY **[Signature]**  
SUPERVISOR DISTRICT

TITLE \_\_\_\_\_

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.