Ì	NO. OF COPIES RECEIVED				
				Form C-104 Supersedes Old C-104 and C-119	
	FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
	LAND OFFICE			-	
	TRANSPORTER OIL				
	GAS OPERATOR				
,	PRORATION OFFICE				
••	Cperator Contraction Contracti				
	Esperanza Energy Corporation c/o Gruy Management Service Company				
	Address 2501 Cedar Springs	2501 Cedar Springs Rd., Dallas, Texas 75201			
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:			
	Recompletion	Oll Dry Gas			
	Change in Ownership X	Casinghead Gas Conden	sate 🗌 Company name	change only	
	If change of ownership give name	Tohn H Hill 2501 C	odar Caringa Dd D		
	and address of previous owner	John H. Hill, 2501 C	edal Springs Rd., D	allas, Texas 75201	
н	DESCRIPTION OF WELL AND I	FASE			
Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	Edith Federal	2 Querecho Pl	ains Queen State, Feder	<sup>ral or Fee</sup> Federal NM-0554244	
	Location T 195	80 South	1000	Toot	
	Unit Letter;;	80 Feet From The South Line	e and <u>1980</u> Feet From	The East	
	Line of Section 23 Tow	mship 185 Range	32Е , ммрм, Lea	County	
			······································	······································	
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	······································	
	Name of Authorized Transporter of Oll The Permian Corporat		Address (Give address to which appr		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		P. O. Box 1183, Houston, Tx. 77001 Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum (		Bartlesville, Okla		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.		hen	
	give location of tanks.	J 23 185 32E	yes	September 1974	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	OMPLETION DATA Cil Well Gas Well New Well Workover Deepen Flug Back Same Res/v. Diff. Res				
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	2-12-74	6-22-74	4270 '	4268'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Prodúcing Formation	Top Cil/Gas Pay	Tubing Depth	
	3778 GR, 3787 KB	Queen-Penrose	3934'	4223 Depth Casing Shoe	
	3957-3988 and 4214-4	1771	4270 '		
	TUBING, CASING, AND		CEMENTING RECORD	4270	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11	8-5/8	380	250 Class H	
	7-7/8	$\frac{4\frac{1}{2}}{2-3/8}$	4270	300 Posmix & Class H	
		2-3/8	4223		
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
τ.	OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date cf Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	Tubing Pressure	Cceing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbie.	Gas - MCF	
			·		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bols. Condenscie/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			ļ	ب لــــــــــــــــــــــــــــــــــــ	
<i>с</i> .1	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION 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		
			BY Orac Signed <b>By</b>		
			TITLE 1, Suov.		
			This form is to be filed in compliance with RULE 1104.		
	Ten E. Billion		If this is a request for all	ewable for a newly drilled or deepened	
	(Signature) Tom E. Ballew-Agent		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 allow-		
		tle) -23-78	All sections of this form must be filled out completely to allow able 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.		
		-23-78			
i stej			Senerate Forms C-104 must be filed for each pool in multiply		