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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator Murphy H. Baxter	
Address P.O. Box 2040, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE					
Lease No. North EK Queen Unit Tract 2	Well No. 5	Pool Name, Including Formation EK Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee	State East	Lease No. E-2439
Location G 1980 North 1460 East					
Unit Letter I ; Feet From The 18S Line and 33E Feet From The Lea					
Line of Section 1 Township 18S Range 33E , NMPM, County Lea					

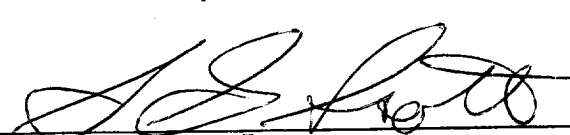
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	P.O. Box 1027, Lovington, N.M., 88260
Name of Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Phillips Building, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit L Sec. 6 Twp. 18S Rge. 34E Is gas actually connected? Yes When 10/1/70

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 8/2/75	Date Completed to Prod. 8/20/75	Total Depth 4305	P.B.T.D. 4269
Elevations (Dip, GR, etc.) 4108 RKB	Name of Producing Formation Queen	Top Oil Layer 4130	Tubing Depth 4120
Perforations 4132' to 4168' w/ 20 holes		Depth Casing Shoe 4302	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4	CASING BITTING SIZE 8 5/8 Csg	DEPTH SET 345	250 Class C
7 7/8	5 1/2" Csg	4302	200 Class C
	2 3/8" Tubing	4120	

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 Test To Tanks 8/22/75	Date of Test 8/26/75	Producing Method (Pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size ---
Actual Prod. 225 Test	Oil-Bbls. 99	Water-Bbls. 126	Gas-MCF 1.5

GAS 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

I. 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.	
	
Engineer	
8/26/75	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED AUG 28 1975 , 19	
BY John W. Runyan	
TITLE Geologist	
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.	