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| LAND OFFICE | | |
| 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

I.

| | |
|--|---|
| Operator Murphy H. Baxter | |
| Address P. O. Box 2040 Midland, Texas 79702 | |
| 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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|---------------------|
| Lease Name North EK Queen Unit Tr 2 | Well No. 7 | Pool Name, including Formation EK Yates Seven Rivers Queen | Kind of Lease State, Federal or Fee State | Lease No. E-2439 |
| Location | | | | |
| Unit Letter G ; 1610 Feet From The North Line and 2050 Feet From The East | | | | |
| Line of Section 1 Township 18S Range 33E , NMFM, Lea County | | | | |

III. 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) | | | | | |
| Texas-New Mexico Pipeline Company | P. O. Box 1027, Lovington, New Mexico 88260 | | | | | |
| 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) | | | | | |
| 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:

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 | | | | | |
| Date Spudded 2-14-85 | Date Compl. Ready to Prod. 3-15-85 | | Total Depth 4300' | | P.B.T.D. 4214' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4112 KB | Name of Producing Formation Queen | | Top Oil/Gas Pay 4116' | | Tubing Depth 4110' | | | |
| Perforations 4116' - 4144' | | | | | Depth Casing Shoe 4286' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4 | 8 5/8 | | 366' | | 225 | | | |
| 7 7/8 | 4 1/2 | | 4286' | | 1425 | | | |

V. 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 3-15-85 | Date of Test 3-19-85 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure --- | Casing Pressure --- | Choke Size --- |
| Actual Prod. During Test 102 bbls | Oil-Bbls. 90 | Water-Bbls. 12 | Gas-MCF 1.3 MCF |

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 --- |

VI. 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.

Chuck Sledge
(Signature)
Petroleum Engineer
(Title)
3-20-85
(Date)

OIL CONSERVATION COMMISSION

MAR 28 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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.

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