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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator SEELY OIL COMPANY		Well API No. 30-025-29570
Address 815 WEST 10TH STREET, FORT WORTH, TEXAS 76102		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Change in Well Name and Number Effective October 1, 1993. Former Well Name and Number Santa Fe State No. 2.
If change of operator give name and address of previous operator		No Change in Operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central EK Queen Unit Tract 8	Well No. 1	Pool Name, including Formation E-K Yates Seven Rivers Queen	Kind of Lease State, <del>Leasehold</del>	Lease No. LG-1125
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>18S</u> Range <u>34E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 Northwest Avenue, Levelland, Texas 79336					
Name of Authorized Transporter of Casinghead Gas None <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 A	Sec. 18	Twp. 18S	Rge. 34E	Is gas actually connected? No	When ? --

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
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		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tank	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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above  
is true and complete to the best of my knowledge and belief.

*C. W. Stumhoffer*

Signature  
C. W. Stumhoffer Agent  
Printed Name  
November 26, 1993 817/332-1377  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1993

By \_\_\_\_\_

Title \_\_\_\_\_

*Original*  
*Paul Smith*  
*Geologist*

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.