STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ER OF SPACE RECEIVED		
DISTRIBUTION		
NTA FE		
E		
.S.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
RATOR		
RATION OFFICE		

rator

READ & STEVENS, INC.

ress

P.O. BOX 1518, ROSWELL, NM 88201

son(s) for filing (Check proper box)

- w Well
- completion
- nge in Ownership

Change in Transporter of:

- Oil [X]
- Dry Gas
- Casinghead Gas
- Condensate

Other (Please explain)

EFFECTIVE SEPTEMBER 1, 1980

nange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
QUAIL STATE	2	QUAIL QUEEN	State, Federal or Fee XXXXXXXX	OG-2001

cation

Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST

Line of Section 11 Township 19S Range 34E , NMPM, LEA Cou

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

me of Authorized Transporter of Oil [X] or Condensate [ ]
CONOCO, INC. TRANSPORTATION DEPT.

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 460, HOBBS, NM 88240

me of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
WARREN PETROLEUM CORPORATION

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1589, TULSA, OK

well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	11	19S	34E		

his production is commingled with that from any other lease or pool, give commingling order number:

MPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Re

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
forations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)

L WELL

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

S WELL

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

TIFICATE OF COMPLIANCE

eby certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given e is true and complete to the best of my knowledge and belief.

DeLaine Tucker
(Signature)

PRODUCTION CLERK
(Title)

SEPTEMBER 8, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY Orig. Signed by John Runyan Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit