

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

RECEIVED	
DATE	
TIME	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
OPERATION OFFICE	

Read & Stevens, Inc.

P.O. Box 2126, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8-1-78  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wainoco State	1	Quail Queen	State, Federal or Fed.	OG-4886
Section	Unit Letter	Feet From The	Line and	Feet From The
	B	660	North	1980
Line of Section	Township	Range	Lea	County
11	19S	34E		

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)
UPG, Inc.	P.O. Box 66, Liberal, Kansas 67901
Name of Authorized 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)
Warren Petroleum Corp.	P.O. Box 1589, Tulsa, Oklahoma
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B Sec. 11 Twp. 19S Rge. 34E	no

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'y. <input type="checkbox"/> Diff. Res'y. <input type="checkbox"/>
Date Spudded 3/25/78	Date Compl. Ready to Prod. 5/31/78
Elevations (UE, RAB, RT, GR, etc.) 3973' GR-3983' RKB	Name of Producing Formation Queen
Perforations 4982-86'; 4988-92'; 5034-38'	Total Depth 5380'
	Top Oil/Gas Pay 4982'
	P.B.T.D. -
	Tubing Depth 5031'
	Depth Casing Shoe 5380'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	13 3/8"	30'	2 yd. ready mix
11"	8 5/8"	1898'	575 sx.
7 7/8"	4 1/2"	5380'	550 sx.
	2 3/8"	5031'	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/23/78	Date of Test 5/31/78	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -
Actual Prod. During Test 60	Oil - Bbls. 40	Water - Bbls. -0-
		Choke Size -
		Gas - MCF 20

GAS WELL

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

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.



Production Clerk

(Title)

June 1, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE SUPERVISOR, DISTRICT

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

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

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

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