	OF SE COPIES MES	il. o							
	DISTRIBUTIO								
	SANTA FE								
	FILE								
	U.S.G.S.								
	LAND OFFICE								
	TRANSPORTER	OIL							
		GAS							
	OPERATOR								
1.	PRORATION OFF								
	Operator								
	Petroleum Corporation								
	Address								
	Box 911, Breckenridge								
	Reason(s) for filing (Check proper box								

NEW MEXICO OIL CONSERVATION MMISSION REQUEST FOR ALLOWA... F

Form C-104

	FILE				VEROEST FOR ALLOWALLE		Supersedes Old C-104 and (Effective 1-1-65				
	U.S.G.S.			AUT	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL (1-03			
	LAND OFFICE				7.01	HORIZATION TO F	KANSPUK I UIL	AND N	ATURAL	GAS	
	TRANSPORTER	OIL									
	OPERATOR	GAS									
ı.	PRORATION OFF	CE									
Ι.	Operator		1						···		
	Petroleum Corporation of Texas										
	Box 911, Br	ecken	rid	ge,	Texas	76024					
	Reason(s) for filing ((Theck pr	oper	box)			Other	(Please e	xplain)		
	Recompletion	=				in Transporter of:	_				
	Change in Ownership	<u> </u>			Casing	Dry head Gas Con	Gas densate				
	If change of ownersh	in give	nam					·····			· · · · · · · · · · · · · · · · · · ·
	and address of previo	ous own	er			THIS WELL HAS BEI	N PLACED IN THE	POOU			
1.	DESCRIPTION OF	WELL	AN	DL	EASE	illio orrior	IF YOU DO NOT	CONCUR	₹ - ₹3\		
į	Lease Name				Well N	o. Pool Name, Including	Formation	K	ind of Leas	e	Lease No
	Federal "Q"				5	Querecho Pla	ins QASSOC	' s	ate, Federa	or Fee Federal	04371-
			2	310		rom The south	660				······································
ı	Onit Letter	;			Feet F	rom The SOUCH L	ine and 660		Feet From	The west	
į	Line of Section 2	22		Town	ship 1	8S Range	32E .	NMPM,		Lea	County
,	DESIGNATION OF	ም ወ ልእነ	cno	nar	מב מד	Y 4 5170 51 8 0000000 6 00 000					
•	Name of Authorized Tr	unsporte	or of (X or	L AND NATURAL G		dress to 1	which appro	ved copy of this form is	
ļ	Tesoro Crude					لــــ	t				to be sent)
Ī	Name of Authorized Tr	ansporte	r of (Casin	ghead Gas	X or Dry Gas	Address (Give add	dress to u	ve, San	Antonio, TX ved copy of this form is	to be sent)
	Phillips Pet	role	am (Comp	pany					exico 88240	to de semi
	If well produces oil or give location of tanks.	liquids,		; ι	•	Twp. Rge.	Is gas actually co		Wh	n e	,
L				<u> </u>		22 18S 32E				-22-83	
. 1	this production is c COMPLETION DAT	omming [A	gled v	with	that from	any other lease or pool	, give commingling	order nu	ımber:		
	Designate Type	of Con	nnlet	ion	_ (X)	Oll Well Gas Well	New Well Work	over	Deepen	Plug Back Same Re	es'v. Diff. Res
-		01 0 0	prei		i	X	X				
	Date Spudded 4-30-83				oate Compl. 5-22-8	Ready to Prod.	Total Depth			P.B.T.D.	·
-	Elevations (DF, RKB, F	RT, GR	etc.i	N		ducing Formation	4300 ' Top Oil/Gas Pay			T. 1	
1	3761.6' G		,	1	Queen	•	3842'			Tubing Depth	
	Perforations					1 3042		Depth Casing Shoe			
L	4084-4110';	2-3	882						_	•	
-	I	•				TUBING, CASING, AN	D CEMENTING RE	CORD			
\vdash	HOLE SIZ	<u> </u>			8-5/8"	G & TUBING SIZE		THSET		SACKS CE	MENT
\vdash	7-7/8"			_	5-1/2"		1172'			600 sx.	
r	1 170				2-3/8"		4292' 3800'			800 sx.	
							3000				
7	EST DATA AND R	EQUE	ST I	FOR	ALLOWA	ABLE (Test must be a	ifter recovery of total	volume o	of load oil a	nd must be equal to or	exceed top allo
	OIL WELL Date First New Oil Run				ate of Test	unie jor inia a	Producing Method	hoursj			
	5-22-8	33			6-15		Flowing	r tow, pu	mp, gas tijt	, etc. <i>j</i>	
ī	ength of Test			- 1	ubing Press	ure	Casing Pressure			Choke Size	·
L	24 hrs.				230#		N/A			14/64"	
<i>'</i>	Actual Prod. During Tes	t		1	11-Bbls. 20		Water-Bbls.			Gas-MCF	
							tr			38	
G	AS WELL										
_	Actual Prod. Test-MCF	P		Le	ngth of Te	ıt .	Bbls. Condensate/	MMCF		Gravity of Condensate	·· · · · · · · · · · · · · · · · · · ·
7	esting Method (pitot, b	ack pr.)		Tu	bing Press	we (Shut-in)	Casing Pressure (2	but-in		Choke Size	
	ERTIFICATE OF (ากพอง	TAN	ICE			_				
-		JUNEL	* # K.ZY#	UL			11			TION COMMISSION	
I	hereby certify that th	e rules	and	regu	lations of	the Oil Conservation	APPROVED	<u>UN 2</u>	<u>n 198</u>	13	19
Cc	mmission have been	compl	ied v	with	and that	the information given	-				
above is true and complete to the best of my knowledge and belief,							ORIGINAL SIGNED BY JERRY SEXTON				
							TITLE DISTRICT I SUPERVISOR				
	Sadear Ragland (Signature)						This form i	s to be	filed in co	mpliance with RULE	1104.
	()adear	Z	ac	1	and					ble for a newly drille	
	Production Cl		(Sigh	atwe	,		well, this form t	nust be . he well	accompani in accorda	ed by a tabulation of	the deviation

June 15, 1983

IV

V.

(Title) (Date)

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.

JUN 20 1983 HOBBS OFFICE

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