Submit 3 Gopies to Appropriate District Office DISTRICT I	Energy,nerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088		Form C-103 Revised 1-1-89		
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210			Well API NO. 30-025-11426		
DISTRICT III 1000 Rio Brazos Rd., Aztoc, NM 87410			5. Indicate Type of Lease STATE FEE X		
DIFFERENT RESER	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN WOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)	OD DILLO BAOK TO A	<ol> <li>State Oil &amp; Gas Lease No.</li> <li>The state of the s</li></ol>		
		Injection Well	Humphrey Queen Unit		
Merit Energy Company 3. Address of Operator			8. Well No. 17		
12222 Merit Drive, S 4. Well Location	uite 1500, Dallas, Texa	is 75251	9. Pool name or Wildcat Langlie Mattix 7 Rivers Queen		
Unit Letter J : _ 231	D Feet From The South		Feet From TheEast Line		
II. Check A NOTICE OF INT	10. Elevation (Show whether L 3145 GR ppropriate Box to Indicate N	F, RKB, RT, GR, etc.)	MPM Lea County port, or Other Data		
PULL OR ALTER CASING		COMMENCE DRILLING C			
OTHER:	[]	OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, and	give pertinent dates, includin	g estimated date of starting any proposed		

Replaced tubing. See attached report and chart.

I hereby certify that the info	ormation above is true and complete to the best of my knowledg	e and beli	đ.		
SIGNATURE			Regulatory Manager	DATE -	12-14-95
TYPE OR PRINT NAME	Sheryl J. Carruth			राज सम	IONE NO. 214-701-837
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
APPROVED BY		TITLE -		DATE	DEC 19 1995
CONDITIONS OF APPROVAL	, IP ANY:			$\cap$	
	-				
				1	





	Daily Operations Report						
Well:	HUMPHREY QUEEN UNIT 17	Objective:	REPLACE TUBING				
Field:	LANGLIE MATTIX	Job Type:	Repair				
County:	LEA	AFE #:	0				
State:	NM	WI:	100.00% AFE Amount: \$0.00				
District:	West	NRI:	Cost To Date: \$8,766.00				

. .....

-

Date 11/13/95	Daily Cost \$2,914	4.00
RU PUMP TRUCK. T	ESTED CSG TO 500# PSI (OK).	RD WSU. SDON.
	Daily Cost \$5,852	2.00
RIH W/7" AD-1 PKR.	PU 99 JTS 2 3/8" PCID TBG	
RIH W/7" AD-1 PKR. NOT GET GOOD PSI J	PU 99 JTS 2 3/8" PCID TBG. TEST. SDON. DETAIL: TOP 79	RU PUMP TRUCK. CIRC 120 BFW W/1 DRUM PKR FLUID. SET PKR @ 3101'. COULD
RIH W/7" AD-1 PKR. NOT GET GOOD PSI J	PU 99 JTS 2 3/8" PCID TBG. TEST. SDON. DETAIL: TOP 79	RU PUMP TRUCK. CIRC 120 BFW W/1 DRUM PKR FLUID. SET PKR @ 3101'. COULD 9 JTS DUD-LINE (PERMIAN ENTERPRISE). BTM 20 JTS REG PCID TBG. 992 3/8" 1.994 AD-1 PKR (3'), SET @ 3102'. PRW

7150 C

Subrut 5 Copies				lew Mexico					
Appropriate Distinct Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	Ener	gy, Min	erais and Na	tural Resour	ces Departm	ent		Form C-104 Revised 1-1-8 See Instructio	
	OI	L CO	NSERVA	ATION ]	DIVISIC	N		at Bottom of	
DISTRICT II P.O. Drawer DD, Antena, NM 88210			P.O. B	ox 2088					
DISTRICT III		Santa	Fe, New M	lexico 875	04-2088				
1000 Rio Brazos Rd., Azzec, NM 87410	REQUES		ALLOWA	BLE AND	AUTHORI	ZATION			
I. Uperator	TO	TRANS	SPORT OI	L AND NA	TURAL G				
Merit Energy Company						1	APINO.	- 11171	
Address 12221 Merit Drive, Su		Delle					20-025	-11426	,
Reason(s) for Filing (Check proper box)					/ 54				
New Well	Cha	nge in Tra	nsporter of:		er (Please expl	-			
Recompletion Change in Operator X	Oil	🗆 Dr.	y Gas	EI	FECTIVE-	12/1/91	<u>- 1</u> /1/92		
If change of operator give same	Casinghead Ga		ndensate	10404 8					
and address of previous operator Br1	dge Oil Co		, L.∸P.,	<u>12404</u> P:	irk Centr	al Dr.,	Ste 400,	Dallas,T)	( 7525
II. DESCRIPTION OF WELL					· · · · · · · · · · · · · · · · · · ·				
Humphrey Queen Unit	Wel 1		ol Name, Includ anglie Ma		Rivers Qu		of Lease Federal or (Fee)	Lease No	D.
Location					(IVEIS QU			<u> </u>	
Unit Letter	_:23/0	2 Fea	t From The	<u>S</u> _Lin	e and/ (	<u>50</u> Fe	et From The	E	Line
Section <u>3</u> Townshi	ip 25S		nge 37E	•	MPM.		Lea		
III DESIGNATION OF TRAN	SPODTED C								unty
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or C	ondensate		Address (Gin	e address to wi	uch approved	copy of this form	tie to be centl	
NOT APPLICABLE - WATE		)N	l					, is to be serie) ,	
Name of Authorized Transporter of Casin	ghead Gas	or	Dry Gas	Address (Giv	e address to wi	uich approved	copy of this form	n is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw	p. Rge.	ls gas actuali	y connected?	When	?	······	
If this production is commingled with that	from any other lea	e or pool	, give comming	ling order num	her	I		· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA									
Designate Type of Completion	- (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ume Res'v Diff	Res'v
Date Spudded	Date Compl. Re	ady to Pro	d.	Total Depth	I	L	P.B.T.D.	I	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Forma	lion	Top Oil/Gas	Pav				
Perforations					,		Tubing Depth		
renorations							Depth Casing S	ihoe	
	ירוז דיך.								
HOLE SIZE	IUB:	NG, CA	SING AND	CEMENTT	NG RECOR	<u></u>			
		NG. CA & TUBIN		CEMENTI	NG RECOR	D	SA	CKS CEMENT	
				CEMENTI		D	SA	CKS CEMENT	
						D	SA	CKS CEMENT	
	CASING	& TUBIN	IG SIZE	CEMENTI		D	SA	CKS CEMENT	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	CASING	& TUBIN			DEPTH SET				
	CASING	& TUBIN		De equai lo or	DEPTH SET	wable for this	depth or be for		
OIL WELL (Test must be after r	CASING ST FOR ALL recovery of lotal vo Date of Test	OWABI		De equai 10 or Producing Me	DEPTH SET	wable for this	t depth or be for tc.)		
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	CASING ST FOR ALL ecovery of lotal vo	OWABI		De equai lo or	DEPTH SET	wable for this	depth or be for		
OIL WELL (Test must be after r Date First New Oil Run To Tank	CASING ST FOR ALL recovery of lotal vo Date of Test	OWABI		De equai 10 or Producing Me	DEPTH SET exceed top allo ethod (Flow, put	wable for this	t depth or be for tc.)		
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CASING ST FOR ALL Ecovery of local vo Date of Test Tubing Pressure	OWABI		De equai to or Producing Me Casing Press	DEPTH SET exceed top allo ethod (Flow, put	wable for this	choke Size		
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	CASING ST FOR ALL Ecovery of local vo Date of Test Tubing Pressure	OWABI		De equai to or Producing Me Casing Press Water - Bbls	DEPTH SET exceed top allo ethod (Flow, put	wable for this	choke Size	full 24 hours.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	CASING ST FOR ALL ST FOR ALL Date of Test Tubing Pressure Oil - Bbls. Length of Test	OWABI		De equai to or Producing Me Casing Press	DEPTH SET exceed top allo ethod (Flow, put	wable for this	choke Size	full 24 hours.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	CASING ST FOR ALL recovery of lotal vo Date of Test Tubing Pressure Oil - Bbls.	OWABI		De equai to or Producing Me Casing Press Water - Bbls	DEPTH SET	wable for this	choke Size	full 24 hours.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testung Method (pilot, back pr.)	CASING ST FOR ALL ecovery of local vo Date of Test Tubing Pressure Oil - Bbls.	OWABI	IG SIZE	De equai to or Producing Me Casing Press Water - Bbls. Bbls. Conden	DEPTH SET	wable for this	Gravity of Coa	full 24 hours.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and reguli	CASING ST FOR ALL recovery of total vo Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C	(Shut-in)	IG SIZE	Oe equai to or Producing Mo Casing Press Water - Bbls. Bbls. Conden Casing Press	DEPTH SET exceed top allo ethod (Flow, put ine sate/MIMCF ine (Shut-in)	wable for this mp, gas lift, e	Gravity of Coa	full 24 hours.) densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D ' Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC	CASING ST FOR ALL recovery of local vo Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the information	(Shut-in)	IG SIZE	De equai to or Producing Me Casing Press Water - Bbls. Casing Press	DEPTH SET exceed top allo ethod (Flow, put ire sate/MMCF ire (Shut-in) DIL CON	wable for this mp, gas lift, e	Gravity of Con Choke Size Gas- MCF Gravity of Con Choke Size	full 24 hours.) densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and reguli Division have been complied with and	CASING ST FOR ALL recovery of local vo Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the information	(Shut-in)	IG SIZE	De equai to or Producing Me Casing Press Water - Bbls. Casing Press	DEPTH SET exceed top allo ethod (Flow, put ine sate/MIMCF ine (Shut-in)	wable for this mp, gas lift, e	Gravity of Coal Choke Size	full 24 hours.) densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my b	CASING ST FOR ALL recovery of local vo Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the information	(Shut-in)	IG SIZE	De equai to or Producing Me Casing Press Water - Bbls. Bbls. Conden Casing Press Casing Press	DEPTH SET exceed top allo ethod (Flow, put ire sate/MMCF ire (Shut-in) DIL CON	wable for this mp, gas lift, e	Gravity of Con Choke Size Gas- MCF Gravity of Con Choke Size ATION D JAN 1.7	full 24 hours.) densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D ' Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complete with and ris true and complete to the best of my b Signature Jose A. Marek Exect	CASING ST FOR ALL recovery of local vo Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the information	(Shut-in) OMPLL Conservation n given at ief.	IG SIZE	De equai to or Producing Me Casing Press Water - Bbls. Casing Press	DEPTH SET exceed top allo ethod (Flow, put ire sate/MMCF ire (Shut-in) DIL CON	wable for this mp, gas lift, e	Gravity of Con Choke Size Gas- MCF Gravity of Con Choke Size ATION D JAN 1.7	full 24 hours.) densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and r is true and complete to the best of my b Signature for the best of my b Signature for the best of my b	CASING CASING ST FOR ALLO ST FOR ALLO Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the information knowledge and bel	(Shut-in) OMPLL (Shut-in) OMPLL (onservation is given ab is f.	IG SIZE	De equai to or Producing Me Casing Press Water - Bbls. Bbls. Conden Casing Press Casing Press	DEPTH SET exceed top allo ethod (Flow, put ine sate/MMCF ine (Shut-in) DIL CON Approved	wable for this mp, gas lift, e	Gravity of Con Choke Size Gas- MCF Gravity of Con Choke Size ATION D JAN 1.7	full 24 hours.) densate	
OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D ' Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complete with and ris true and complete to the best of my b Signature Jose A. Marek Exect	CASING CASING ST FOR ALL recovery of lotal vector Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the information the owledge and bels Callon of the Oil C	(Shut-in) OMPLL (Shut-in) OMPLL (onservation is given ab is f.	IG SIZE	De equal to or Producing Me Casing Press Water - Bbls Casing Press Casing Press Casing Press Casing Press Casing Press	DEPTH SET exceed top allo ethod (Flow, put ine sate/MMCF ine (Shut-in) DIL CON Approved	wable for this mp, gas lift, e	Gravity of Con Choke Size Gas- MCF Gravity of Con Choke Size ATION D JAN 1.7	full 24 hours.) densate	

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. All sections of this form must be filled out for allowable on new and recompleted weils.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

<u> </u>	-				. — .,		
Subrait 5 Copies Appropriate District Office DISTRICT J	Energy,	State of 1 Minerals and Na	New Mexico Itural Resou		nent		Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drewer DD, Astesia, NM 88210		CONSERV P.O. I anta Fe, New M	lox 2088		DN		at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		FOR ALLOWA					
I. Operator		ANSPORT O	_		AS	API No.	· · · · · · · · · · · · · · · · · · ·
BRIDGE OIL COMPA	NY, L.P.				WEII	API NO.	
Address 12377 Merit Driv	ve, Suite 160	0, Dallas, '	Texas 7	5251			
Reason(s) for Filing (Check proper box) New Well	Change	in Transporter of:	Od	net (Please exp	lain)		
Recompletion	Oil Casinghead Gas	Dry Gas					
Cabasas of another since some	rus Oil Comp		12377 Me	rit Dr.,	Suite 1	600, Da	llas, Texas 75
I. DESCRIPTION OF WELL	AND LEASE	Effect	ive 1/01				
Lasse Name Humphrey Queen U	Jnit	Pool Name, Includ	-	Rivers C		of Lesse Federal or Fe	Lease No.
Location Unit Letter	. 2310	C	outh Lin	1.	50	<b>`</b>	East um
2	255	- 1			<u></u> F	Lea	
Section Townshi		Kange		MPM,			County
II. DESIGNATION OF TRAN Varme of Authorized Transporter of Oil	VSPORTER OF C			ne address 10 w	hich approved	copy of this ;	form is to be sent)
NOT Hpplicable - U		or Dry Ges	Address (Gin	e address to w	hick approved	com of this t	form is to be sent)
f well produces oil or liquids.	Unit Sec.	·		·····		·····	
ve location of tanks.	<u> </u>	25-5 37-1		-	When		
this production is commingled with that . COMPLETION DATA	from any other lease of	pool, give comming	ling order num	ber:			
Designate Type of Completion	- (X)	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Res'v
tate Spudded	Date Compi. Ready t	o Prod.	Total Depth		1	P.B.T.D.	1
ievations (DF, RKB, RT, GR, etc.)	Name of Producing F	omation	Top Oil/Gas	Pay		Tubing Dep	th
erforations						Depth Casin	g Shoe
	TUBING	CASING AND	CEMENTI	NG RECOR	D		
HOLE-SIZE	CASING & T	UBING SIZE		DEPTH SET		9	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUES	TEOD ALLOW						
IL WELL (Test must be after n	ecovery of solal volume						for full 24 hours.)
ate First New Oil Run To Tank	Date of Test		Producing Me	shod (Flow, pu	mp, gas lift, e	tc.)	
ength of Test	Tubing Pressure		Casing Pressu	51		Choke Size	
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.		<u>.</u>	Gas- MCF	
GAS WELL			<u> </u>		· · · ·	1	
ctual Prod. Test - MCF/D	Leagth of Test		Bbls. Conden	ate/MMCF		Gravity of C	ondenzate
sting Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressu	re (Shut-in)		Choke Size	
L OPERATOR CERTIFIC.	ATE OF COMF	LIANCE				l	<b>.</b>
I hereby certify that the rules and regula Division have been complied with and t	tions of the Oil Conser	vation		DIL CON	SERV	ATION I	DIVISION 131990
is true and complete to the best of my k			Date	Approved	± t	F ED	TO IOOA
Mara Mcto	engt		By_				
Signature Dora McGough Pristed Name	Regulator			····	<b>CRIGIN</b>	AL SIGNED	BY JERRY SEXTON
January 8, 1990	214-78		Title				
	Tele	phone No.					

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

an g**atat**a ⊋ara

## RECEIVED

JAN 22 1990 OCD HOBBS OFFICE

l

Subrait 5 Copies										
			St	ate of N	ew Mexico					_
Appropriate District Office DISTRICT I	E	inergy, M				ces Departm	ent			C-104 d 1-1-89 Arructions
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II	(	OIL CO				DIVISIO	N			man of Page
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		San			ox 2088 exico 875	04-2088				
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FC		-OWAE		AUTHORI		N		
I. Operator						TURAL G	AS			
PETRUS OIL COMPAN	<u>IY. I. P.</u>						Ŵ	ell API No.		
Address 12377 Merit Drive	, _, _,	1600 1				•				<u> </u>
Reason(s) for Filing (Check proper box)						er (Please expla	zin)		······	
New Well	Oil	Change in 1	l'ransporte Dry Gas	erof:						
Change in Operator	Casinghead		Condensa							
If change of operator give name						Inc (F	ffect	ive date 7	1 90)	·
I. DESCRIPTION OF WELL						<u></u>	LLECL.	<u>tve date /</u>	-1-09)	• <u></u> <u>-</u> <u>.</u>
Lease Name			Pool Nam	ne, Includi	ng Formation			nd of Lease		ease No.
Humphrey Queen U	nit	17	Lang	lie Ma	attix 7	Rivers Q	ueen <sup>Su</sup>	ue, Federal or Fe		
Unit Letter	_:231	101	Feet Fron	n The	South Lin	e and <u>165</u>	0	Feet From The	East	Line
Section 3 Townshi	<b>p</b> 2	5 <u>-5</u> 1	Range	37	<u>e , n</u>	MPM,		Lea		County
<b>III. DESIGNATION OF TRAN</b>	SPORTE	R OF OU		NATT	RAL GAS					
Name of Authorized Transporter of Oil		or Condensa	ate [			e address 10 wh	uch appro	ved copy of this f	orm is to be s	ent)
Not Applicable - Wate Name of Authorized Transporter of Casing	<u>r Injec</u> ghead Gas		e11 or Dry Ga	<b>14</b>	Address (Giv	e address to wh	ich appro	ved copy of this f	orm is to be s	ent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuali	y connected?	l Wi	nen ?	-	
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or pr	xol, give (	commingli	ing order num	ber:				
Designate Type of Completion	- 00	Oil Well	Gai	Weil	New Well	Workover	Deeper	n Plug Back	Same Res'v	Diff Res'v
Date Spudded		I. Ready to F			Total Depth		L	 P.B.T.D.	L	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation		Top Oil/Gas	Pay		Tubies Desi	L	
Perforations						- 		Tubing Dept		
								Depth Casin	g Shoe	1
	T	UBING, C	ASINC	J AND	CEMENTI	NG RECOR	D			
HOLE SIZE		ING & TUB	ING SIZ	Έ	<u> </u>	DEPTH SET		S	ACKS CEM	ENT
	<u> </u>									
	<u> </u>						<del></del>			
V. TEST DATA AND REQUES		LLOWA	BLE		V TEST DATA AND REQUEST FOR ALLOWARDE					
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.)										
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume of		and must		exceed top allo thod (Flow, put			or full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test	al volume of L		and must	Producing Me	thod (Flow, pu		Ĩ, elc.)	or full 24 hou	rs.)
Date First New Oil Run To Tank Length of Test	Date of Test Tubing Press	al volume of L		and must	Producing Me Casing Press.	thod (Flow, pu		t, etc.) Choke Size	ior full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test	al volume of L		and musi	Producing Me	thod (Flow, pu		Ĩ, elc.)	or full 24 hou	rs.)
Date First New Oil Run To Tank Length of Test	Date of Test Tubing Press	al volume of L		and must	Producing Me Casing Press.	thod (Flow, pu		t, etc.) Choke Size	or full 24 hou	rs.)
Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Test Tubing Press	al volume of t		and musi	Producing Me Casing Press.	ne		t, etc.) Choke Size		rs.)
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Press Oil - Bbls.	al volume of t	f load oil i	and musi	Producing Me Casing Press. Water - Bbls.	re re eate/MMCF		t, etc.) Choke Size Gas- MCF		rs.)
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Date of Test Tubing Press Oil - Bbls. Length of Tr Tubing Press	al volume of sure est sure (Shut-in	f load oil i 10		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press.	re re sate/MMCF re (Shut-in)	πφ, gas lij	t, etc.) Choke Size Gas- MCF Gravity of C Choke Size	OR densate	
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilos, back pr.) VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	Date of Test Tubing Press Oil - Bbls. Length of To Tubing Press ATE OF	al volume of sure est sure (Shut-in COMPL Dil Conservat	(load oil i a) JANC		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press.	re re sate/MMCF re (Shut-in)	πφ, gas lij	t, etc.) Choke Size Gas- MCF Gravity of C	OR densate	
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC.	Date of Test Tubing Press Oil - Bbls. Length of Tr Tubing Press ATE OF ations of the C that the inform	al volume of sure est est COMPL Dil Conservation given	(load oil i a) JANC		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press.	re Reate/MMCF re (Shut-in)	np, gas iy SER'	T, etc.) Choke Size Gas- MCF Gravity of C Choke Size	ondeasate	)N
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and i is true and complete to the best of my k	Date of Test Tubing Press Oil - Bbls. Length of Tr Tubing Press ATE OF ations of the O that the inform chowledge and	al volume of sure est est COMPL Dil Conservation given	(load oil i a) JANC		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press.	re Reate/MMCF re (Shut-in)	np, gas iy SER'	t, etc.) Choke Size Gas- MCF Gravity of C Choke Size	ondeasate	)N
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and is true and complete to the best of my k Data Machine Signature	Date of Test Tubing Press Oil - Bbls. Length of Th Tubing Press ATE OF that the inform chowledge and	al volume of t sure est sure (Shut-in COMPL Dil Conservat nation given t belief.	a) IANC ion above		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press.	re tate/MMCF re (Shut-in) DIL CON Approvec	SER'	T, etc.) Choke Size Gas- MCF Gravity of C Choke Size VATION [ ULL SIGNED BY	DIVISIC 1 0 19	DN 89
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and i is true and complete to the best of my k	Date of Test Tubing Press Oil - Bbls. Length of Th Tubing Press ATE OF that the inform chowledge and	al volume of sure sure est sure (Shut-in COMPL Dil Conservat nation given t belief.	a) LIANC ion above		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press. ( Date By	re re sate/MMCF re (Shut-in) DIL CON Approvec Ol	SER SER SIGINAI	The content of the co	OILUISIC 1 () 19 JERRY SEX ERVISOR	)N 89 (ton
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and regula Division have been complete to the best of my k Actual Prod. During Test	Date of Test Tubing Press Oil - Bbls. Length of To Tubing Press ATE OF 0 ations of the O that the inform chowledge and chowledge and chowledge and	al volume of sure sure est completion completion conservation sure (Shut-in conservation conservation stion given to belief.	a) LIANC tion above		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press. ( Date By	re re sate/MMCF re (Shut-in) DIL CON Approvec Ol	SER SER SIGINAI	T, etc.) Choke Size Gas- MCF Gravity of C Choke Size VATION [ ULL SIGNED BY	OILUISIC 1 () 19 JERRY SEX ERVISOR	)N 89 (ton

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

and song that en ∠.≉o Ala ang that ang taong

RECEIVED

JUL 3 1989

OCD HOBBS OFFICE

	HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	Operator			
	Mobil Producing Texas	& New Mexico Inc.	······································	
	9 Greenway Plaza, Sui	te 2700, Houston, TX 77	7046	
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	s _ Corporation.	tor name from Mobil Oil Date: 1-1-1980)
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·		
I.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo		Lease ito:
	Humphrey Queen Unit	17 Langlie Mattix	7 Rivers Queen State, Federal	or Fee Fee
	Unit Letter J : 2310	) Feet From The South Line	e and1650 Feet From 1	heEast
	Line of Section 3 Tow	nship 25-S Range 37	-Е , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT		S Address (Give address to which approv	ed copy of this form is to be sent)
	Not Applicable - Wat	er Injection Well		, , ,
	Name of Authorized Transporter of Cas	inghead Gas 🔄 or Dry Gas 🦲	Address (Give address to which approv	ed copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	is gas actually connected? Whe	n
	If this production is commingled with COMPLETION DATA			
	Designate Type of Completion	n - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	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	This ing Depth
	Perforations	La da la	<u>, , , , , , , , , , , , , , , , , , , </u>	Depth Casing Shoe
		and the second	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			·····	
V.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil ( pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas - MCF
			<u> </u>	
	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 COMPLIANC	E		TION COMMISSION
	I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVEDOL.C.	
	Commission have been complied w above is true and complete to the	best of my knowledge and belief.	BYJerry Sex	ton
	A M.J. (Signal Authorized (Titl	Agent	If this is a request for sllow well, this form must be accompar- tests taken on the well in accor All sections of this form mu- able on new and recompleted we	compliance with RULE 1104. able for a newly drilled or deepened hied by a tabulation of the deviation dance with RULE 111. at be filled out completely for allow- lis.
	October 31 (Dat		well name or number, or transport	. III, and VI for changes of owner, er, or other such change of condition. . be filed for each pool in multiply

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

\*

REDEIVLD NOV - 6 1979 O.C.D. HUDDS, OFFICE

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSE	RVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
FILE U.S.G.S. LAND OFFICE OPERATOR			Sa. Indicate Type of Lease State Fee ZA S. State Oll & Gas Lease No.
LOO NOT USE THIS FORM FOR PA USE "APPLICAT	RY NOTICES AND REPORTS ON A OPOSALS TO DEILL OR TO DEEPEN OR PLUG BA TION FOR PERMIT -" (FORM C-101) FOR SUCH	WELLS cx to a different reservoir. proposals.)	7. Unit Agreement Name
2. Name of Operator Hobil Oil Corpor	other. WIW		8. Farm or Lease Name Numphrey Queen Unit
3. Address of Operator Three Greenway F 4. Location of Well	laza Iast - Suite 800, Ho	ouston, Tx. 77046	9. Well No. 17 10. Field and Pool, or Wildcat
	100 FEET FROM THE <u>South</u>		
	15. Elevation (Show whether L Gr. 2	3145	12. County Lea
	Appropriate Box To Indicate Na NTENTION TO:		Other Data NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING DUG AND ABANDONMENT
work) SEE RULE 1703. 8-26-76 Test.		ils, and give pertinent dates, includ	ing estimated date of starting any proposed

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED LA ACCUL	Authorized Agnet	DATE8/10/77
		AUG 1 6 1977
APPROVED BY	TITLE	DATE

CONDITIONS OF A	PPROVAL, I	IF ANY:
-----------------	------------	---------

