

OPERATOR	
UNIT NAME	
FILE	
WELL NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Date 11-1-75  
 Supervisors DCCC, DCF and C-12  
 LBS. 1105-1-1-65

Operator **Gene A. Snow**

Address **606 S. 13th Lovington, N.M. 88260**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Condensed Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: **Weldon Guest & I. J. Wolfson 800 Hamilton Bldg. Wichita Falls, TX 76301**

6. DESCRIPTION OF WELL AND LEASE

Lease Pool	Well No., Pool Name, including Formation	Kind of Lease	Well No.
<b>DOSU</b>	<b>Tract 37 3 Caprock Queen</b>	<u>State</u> , Federal or Free	<b>E 5988</b>

Location  
 Unit Letter: **B** ; **100** Feet From The **100** Line and **100** Feet From The **100**  
 Line of Section **35** Township **13 S** Range **31 E** NMEM, **Chaves** County

7. DESCRIPTION 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)
<b>Texas New Mexico Pipe Line Co.</b>	<b>Box 1510 Midland, TX</b>
Name of Authorized Transporter of Condensed Gas <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 Sec. Twp. Rge. Is gas actually connected? When
	<b>Injection Well no</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **14-08-001-6399**

8. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stake Repair	PL. R. 1105
<input checked="" type="checkbox"/>								
Date Spudded	Date Comp. ready to Prod.	Total Depth	R.S.T.D.					
Flow Tests (OP, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforation	Depth Casing Shoe							

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

9. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date Fluid First Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-BBLs.	Water-BBLs.
		Gas-MCF

10. GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Units Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (absolute)	Casing Pressure (absolute)	Case Size

11. CERTIFICATION 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.

*Gene A. Snow*  
 Operator  
 11-1-75

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1975

BY: *Gene A. Snow*  
 TITLE: *Operator*

This form is to be filed in compliance with RULE 1105.  
 It may be a request for allowable for a newly drilled and completed well, the information required is the completion of the well, the location of the well, and the well number as with RULE 1105.  
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