

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

Form C-10,
 Supersedes O.C. 104 and C-11
 Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator General Operating Company
 Address Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas Other (Please explain) Unit Operator change effective 11-1-78.
 Recompletion Casinghead Gas Condensate
 Change in Ownership
 If change of ownership give name and address of previous owner Gene A. Snow, P. O. Box 1270, Lovington, New Mexico 88260

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Drickey Queen Well No. 2 Pool Name, including Formation Caprock Queen Kind of Lease Federal Lease No. LC-076557
 Sand Unit Tract 10 Location Unit Letter K, 1890 Feet From The South Line and 1980 Feet From The West
 Line of Section 10 Township 14S Range 31E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent) None
 If well produces oil or liquids, give location of tanks. Unit A Sec. 16 Twp. 14S Rge. 31E Is gas actually connected? No When -

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Ready, Diff. Ready,
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.T.D. _____
 Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENT RECORD
 HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)
 Date First New C. Run To Tanks _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF _____
 _____ Length of Test _____ Bbls. Condensate/MWCF _____ Gravity of Condensate _____
 _____ Tubing Pressure (Start-End) _____ Casing Pressure (Start-End) _____ Choke Size _____

STATE OF COMPLIANCE
 I, the undersigned, 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.

 (Signature)

 (Title)
December 29, 1978
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JMS 12/19
 BY Jerry Sexton
 TITLE Dist. J. Supv.
 This form is to be filed in compliance with rules 10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7, 10.8, 10.9, 10.10, 10.11, 10.12, 10.13, 10.14, 10.15, 10.16, 10.17, 10.18, 10.19, 10.20, 10.21, 10.22, 10.23, 10.24, 10.25, 10.26, 10.27, 10.28, 10.29, 10.30, 10.31, 10.32, 10.33, 10.34, 10.35, 10.36, 10.37, 10.38, 10.39, 10.40, 10.41, 10.42, 10.43, 10.44, 10.45, 10.46, 10.47, 10.48, 10.49, 10.50, 10.51, 10.52, 10.53, 10.54, 10.55, 10.56, 10.57, 10.58, 10.59, 10.60, 10.61, 10.62, 10.63, 10.64, 10.65, 10.66, 10.67, 10.68, 10.69, 10.70, 10.71, 10.72, 10.73, 10.74, 10.75, 10.76, 10.77, 10.78, 10.79, 10.80, 10.81, 10.82, 10.83, 10.84, 10.85, 10.86, 10.87, 10.88, 10.89, 10.90, 10.91, 10.92, 10.93, 10.94, 10.95, 10.96, 10.97, 10.98, 10.99, 10.100.