

**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-105
Effective 1-1-65

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

I. OPERATOR

Operator: General Operating Company

Address: Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Operator change effective 11-1-78.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Weldon S. Guest & I. J. Wolfson, Hamilton Building, Wichita Falls, Tx.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Drickey Queen</u>	Well No.: <u>16</u>	Pool Name, Including Formation: <u>Caprock Queen</u>	Kind of Lease: <u>Federal</u>	Lease No.: <u>LC-068474</u>
Location: <u>Sand Unit Tract 6</u>				
Unit Letter: <u>F</u>	<u>1989.5</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section: <u>3</u>	Township: <u>14S</u>	Range: <u>31E</u>	, NMPM, <u>Chaves</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Water Injection Well</u>	
Name of Authorized Transporter of Casinghead 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:

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING 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)

NEW WELL

Date First New Oil 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

OLD WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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 herein is true and complete to the best of my knowledge and belief.

C. W. Stumboffer
(Signature)
Age:
(Title)
December 28, 1978
(Date)

OIL CONSERVATION COMMISSION
JAN 3 1979

APPROVED _____
BY Jerry Sexton
TITLE Dist 1, Supv.

This form is to be filed in compliance with RULE 1006.
If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 1006.
All sections of this form must be filled out completely for all wells, new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of data.