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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

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-11
Effective 1-1-65

APR 30 1976

O. C. C.
ARTESIA, OFFICE

Operator	Gene A. Snow ✓
Address	606 So 13th, Lovington, N.M. 88260
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Transporter of: ☒ Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☒ Condensate ☐
Change in Ownership ☐	Hook up.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Aztec State	1	South Loco Hills, Q-G-SA.	State, Federal or Fee	L-6518
Location	Unit Letter	Feet From The	Line and	Feet From The
	E	660	West	1980
	Line of Section	Township	Range	
	32	18S	29E	Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude oil Purchasing Co.	700 Freeman Ave, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Pet. Co.	Bartlesville, Okla. 74004					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Pge.	Is gas actually connected?	When
	E	32	18	29	Yes.	3-10-76

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Unit, Res't.
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 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)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 above is true and complete to the best of my knowledge and belief.

Gene A. Snow
(Signature)

Operator

4-20-1976

(Date)

OIL CONSERVATION COMMISSION

MAY 4 1976

APPROVED

BY W. A. Grissett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 111.

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.