

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

Form C-104  
Supersedes OIL C-104 and C-110  
Effective 1-1-65

COPIES RECEIVED	
DISTRIBUTION	
DATE	
BY	
NO. OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
OPERATION OFFICE	

**Gene A. Snow**  
 606 S. 13th Lovington, N.M. 88260  
 Other (Please explain)

Change in Transporter of:  
 Oil  Dry Gas   
 Casinghead Gas  Condensate

Completion   
 Change in Ownership

Lease No. **800 Hamilton**  
 Name of ownership give name **Weldon Guest & I. J. Wolfson**  
 address of previous owner **Wichita Falls, TX 76301**

**DESCRIPTION OF WELL AND LEASE**  
 Well No. **1** Pool Name, including Formation **Caprock Queen** Kind of Lease **NM B-1042011**  
 State, Federal or Fee  
 Lease No. **800 Hamilton**

Tract **24**  
 Section **A** ; **660** Feet From The **Well** Line and **6600** Feet From The **East** Corner  
 Township **14 S** Range **31 E** NMPM, **Chaves** County

**SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
**Texas New Mexico Pipe Line Co.** Address (Give address to which approved copy of this form is to be sent) **Box 1510 Midland, TX**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)

well produces oil or liquids, give location of tanks. Unit **A** Sec. **16** Twp. **14 S** Rge. **31 E** Is gas actually connected? **no** When

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hestv. Prod. Hestv.
(X)							

Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
 Elevations (DE, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

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

**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 (flow, 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 above is true and complete to the best of my knowledge and belief.

**Gene A. Snow**  
 (Signature)  
**Operator**  
 (Title)  
 11-1-75  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the deviation tests taken on the well in accordance with RULE 111.  
 All portions of this form must be filled out completely and others left blank and unaltered.  
 Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.