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U.S.G.S.	
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 O-104
 Supersedes Old O-101 and O-111
 Effective 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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

III. DESCRIPTION OF WELL AND LEASE

Lease Name DQSU Tract 9	Well No. 2	Pool Name, including Formation Caprock Green	Kind of Lease State, Federal or Free	Lease No. 10070336A
Location Unit Letter D ; 975 Feet From The Well Line and 990 Feet From The West				
Line of Section 22	Township 14 S	Range 31 E	NMPMA	County Chaves

IV. DESIGNATION 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)

If well produces oil or liquids, give location of tanks.	Unit Injection Well	Sec.	Twp.	Rge.	Is gas actually connected? no	When
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If this production is commingled with that from any other lease or pool, give commingling order number **14-08-001-6399**

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Prod. Resv.
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	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT	

VI. 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-Ebbl.	Water-Ebbl.	Gas-MCF

GAS WELL

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

VII. 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
 Operator
 (Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 27 1978**, 19__

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

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the corrected 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 deepened wells.
 Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporting method such change of condition.