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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 C-104  
Supersedes Old C-104  
Effective 1-1-65

**RECEIVED**

JAN 31 1975

C-30-015-21397

I. Operator **Gene A. Snow** **O. C. C.**

ARTESIA, OFFICE

Address

**606 So. 13th, Lovington, N.M. 88260**

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 3-17-75  
UNLESS AN EXCEPTION TO Rule 3  
IS OBTAINED**

If change of ownership give name  
and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

**South Side Hills Q-Block A**

Lease Name <b>S &amp; T State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>UND. QUEEN-GR. S.E.A.</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease <b>K-4</b>
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Unit Letter **K** : **1980** Feet From The **West** Line and **1782** Feet From The **South**

Line of Section **32** Township **18S** Range **29E**, NMPM, **Eddy**

**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)
<b>Navajo Crude Oil Purchasing Co.</b>	<b>N. Freeman P.O. Box 175 Artesia, N.M.</b>
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 <b>K</b>	Sec. <b>32</b>	Twp. <b>18S</b>	Rge. <b>29E</b>	Is gas actually connected? <b>NO</b>	When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. <input type="checkbox"/>
Date Spudded <b>11-4-1974</b>	Date Compl. Ready to Prod. <b>1-15-1975</b>	Total Depth <b>2914</b>		P.B.T.D. <b>1900</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3415.7 GR.</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>1850</b>		Tubing Depth <b>1879</b>				
Perforations <b>2 HPF 1858-1870</b>					Depth Casing Shoe <b>1979</b>			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8" - 24' J-55	365	100 Sks
8"	7" - 26' J-55	906	50 Sks 2nd Sky 12
6"	4 1/2" - 9 1/2' J-55	1979	140 Sks
	2 3/8" Evc J-55	1879	

**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  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>1-17-1975</b>	Date of Test <b>1-20-1975</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump.</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>35 #</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>12</b>	Oil - Bbls. <b>12</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>TSTM.</b>

**GAS WELL**