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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I.

Operator Weldon S. Guest & I. J. Wolfson	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change In Ownership <input checked="" type="checkbox"/>	Transporter Box <input type="checkbox"/>
Effective 8/1/73	

If change of ownership give name and address of previous owner **Clinton Oil Co., 217 N. Water, Wichita, Kansas 67202**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parrell Federal	Section 14	Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. ML-0108997-A
Location Unit Letter 0 Section 660 Feet From The North Line 1900 Feet From The West Line Line of Section 28 Township 7 S Range 33 E NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. 3 28 7 S 33 E	Is the well actually connected? When Yes 6/7/66

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

IV. COMPLETION DATA

Designate Type of Completion 3	Drill	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Cased			P.B.T.D.		
Elevations (DF, RKB, RT, G, etc.)	Depth of 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 over recovery of total volume of load oil and must be equal to or exceed top allowable production 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	Duration of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back or)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLETION

OIL CONSERVATION COMMISSION

I hereby certify that the data and information furnished on this form to the Commission have been verified and found to be true and complete to the best of my knowledge.

PROVED _____, 19

Agent

8/9/73

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 deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow- on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply