

COPIES RECEIVED	
DISTRIBUTION	
A FEE	
G.S.	
AD OFFICE	
TRANSPORTED	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

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

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:
 Completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name DQSU	Well No. 6	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee	Lease No. NMO3927
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 33	Township 13 S	Range 31 E	, NMPM, Chaves County	

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
--	-------------------------------	------	------	------	---	------

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Pug Beck	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.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 (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	Ebls. 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
(Title)
11-1-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 21 1975, 19____

BY John Sexton
Oil Signer by
John J. Supv.

TITLE _____

This form is to be filed in compliance with RULE 1103.
 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 tests taken on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for allowable to be considered recomputed 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.