REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL		
TRANSPORTER — GAS		
OPERATOR		
PRORATION OFFICE		

I.

Operator
Weldon S. Guest & I. J. Wolfson

Address
c/o Oil Reports & Gas Service, Inc., Box 763, Hobbs, New Mexico 88240

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)*

Effective May 1, 1972

If change of ownership give name
and address of previous owner **Chavez Oil Ltd., Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

NM-04246

Lease Name **Drickey Queen Sand Unit Tract** 14	Well No. 1	Pool Name, Including Formation **Caprock Queen**	Kind of Lease State, Federal or Fee **Federal**	Lease No. **above**

Location

Unit Letter **N** ; **430** Feet From The **South** Line and **2310** Feet From The **West**

Line of Section **33** Township **13 S** Range **31 E** , NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ — Address *(Give address to which approved copy of this form is to be sent)*

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	Sec.	Twp.	Rge.	Is gas actually connected?	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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
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 *(pitot, 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.

(Signature)
Agent
(Title)

June 9, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 12 1972** , 19___

BY _____ Orig. Signed by
Joe D. Ramey

TITLE _____ Dist. I, Supv.

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 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 recompleted 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.