

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-111
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator

General Operating Company

Address

Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Unit Operator change effective
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	11-1-78.

If change of ownership give name and address of previous owner: Gene A. Snow, P. O. Box 1270, Lovington, New Mexico 88260

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Drickey Queen	Well No.	5	Pool Name, including Formation	Caprock Queen	Kind of Lease	State, Federal or Fee	State	Lease No.
	Sand Unit Tract 37								E-5988
Location									
Unit Letter	A		660	Feet From The	North	Line and	660	Feet From The	East
Line of Section	35	Township	13S	Range	31E		NMPM,	Chaves	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240					
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)					
None	None					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	3	14S	31E	No	-

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

IV. COMPLETION

Designation	Section - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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 (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
Acid Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

STATEMENT 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.

C. W. Stumholfer
(Signature)

Agent

(Title)

December 28, 1978

OIL CONSERVATION COMMISSION

APPROVED _____, 1978

BY Orig. Signed By
Jerry Sexton
TITLE Dist. 1, Supv.

This form is to be filed in compliance with N.M.C. 110.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with N.M.C. 110.

All sections of this form must be filled out completely for all wells on now and recompleted wells.

Must use only Sections I, II, III, and IV for this

