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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 and C-116
Effective 1-1-65

Operator Gene A. Snow	
Address 606 S. 13th Lovington, N.M.	
Reason(s) for filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐	

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

II. DESCRIPTION OF WELL AND LEASE					
Lease Name DGSU	Tract 37	Well No. 6	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee	Lease No. E 5988
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 35 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 ☐ 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. no

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	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RRP, 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 Ran 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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUL 27 1976	
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.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		TITLE _____	
Operator Gene A. Snow (Signature) 11-1-75 (Date)		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 calculation 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 to be considered reasonable. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.	

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