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| FILE                   |            |
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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>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-110  
Effective 1-1-65

|                                                         |                                                                             |
|---------------------------------------------------------|-----------------------------------------------------------------------------|
| Operator<br><b>Gene A. Snow</b>                         |                                                                             |
| Address<br><b>606 S. 13th Lovington, N.M. 88260</b>     |                                                                             |
| Reason(s) for filing (Check proper box)                 |                                                                             |
| New Well <input type="checkbox"/>                       | Change in Transporter of:                                                   |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

|                                                                |                                         |                           |
|----------------------------------------------------------------|-----------------------------------------|---------------------------|
| If change of ownership give name and address of previous owner | <b>Weldon Guest &amp; I. J. Wolfson</b> | <b>800 Hamilton Bldg.</b> |
|                                                                | <b>Wichita Falls, TX 76301</b>          |                           |

|                                   |                         |                                                        |                                        |                             |
|-----------------------------------|-------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------|
| 1. DESCRIPTION OF WELL AND LEASE  |                         |                                                        |                                        |                             |
| Lease Name<br><b>DQSU Tract 6</b> | Well No.<br><b>15</b>   | Pool Name, including Formation<br><b>Caprock Queen</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>LC06874</b> |
| Location                          |                         |                                                        |                                        |                             |
| Unit Letter<br><b>K</b>           | <b>1920</b>             | Feet From The <b>South</b> Line and                    | <b>1920</b>                            | Feet From The <b>West</b>   |
| Line of Section<br><b>3</b>       | Township<br><b>14 S</b> | Range<br><b>31 E</b>                                   | NMPM,<br><b>Chaves</b>                 | County                      |

|                                                                                                                  |                                                                          |                  |                     |                     |                                         |      |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|---------------------|---------------------|-----------------------------------------|------|
| 2. 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) |                  |                     |                     |                                         |      |
| <b>Texas New Mexico Pipe Line Co.</b>                                                                            | <b>Box 1510 Midland, TX</b>                                              |                  |                     |                     |                                         |      |
| 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) |                  |                     |                     |                                         |      |
|                                                                                                                  |                                                                          |                  |                     |                     |                                         |      |
| If well produces oil or liquids, give location of tanks.                                                         | Unit<br><b>E</b>                                                         | Sec.<br><b>3</b> | Twp.<br><b>14 S</b> | Rge.<br><b>31 E</b> | Is gas actually connected?<br><b>no</b> | When |

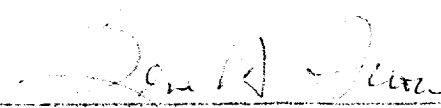
|                                                                                                         |                       |
|---------------------------------------------------------------------------------------------------------|-----------------------|
| If this production is commingled with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

|                                              |                                       |
|----------------------------------------------|---------------------------------------|
| 3. COMPLETION DATA                           |                                       |
| Designate Type of Completion - (X)           |                                       |
| <input checked="" type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well     |
| <input type="checkbox"/> New Well            | <input type="checkbox"/> Workover     |
| <input type="checkbox"/> Deepen              | <input type="checkbox"/> Plug Back    |
| <input type="checkbox"/> Same Resrv.         | <input type="checkbox"/> Diff. Resrv. |
| 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 |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

|                                                                                                                                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 4. 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 (pilot, back pr.) | Tubing Pressure (Shut-in) |
| Casing Pressure (Shut-in)        | Choke Size                |

|                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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. |  |
|                                                                                                                            |  |
| Operator                                                                                                                                                                                                     |  |
| (Title)                                                                                                                                                                                                      |  |
| 11-1-75                                                                                                                                                                                                      |  |
| (Date)                                                                                                                                                                                                       |  |

|                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OIL CONSERVATION COMMISSION                                                                                                                                                                  |  |
| APPROVED  19                                                                                            |  |
| BY                                                                                                      |  |
| TITLE                                                                                                   |  |
| 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 portions of this form must be filled out completely for allowable on new and recomplect 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.                                                       |  |

REFUSED

1962 1970

CHIEF OF POLICE  
1970 1971

