UIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Weldon S. Guest & I. J. Wolfon c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of. Effective May 1, 1972 Recompletion Dry Gas Casinghead Gas Change in Ownership 3 Condensate If change of ownership give name Chavez Oil Ltd., Hobbs, New Mexico and address of previous owner II. DESCRIPTION OF WELL AND LEASE LC-068474 Well No. Pool Name, Including Formation Drickey Queen Lease No. Sand Unit Tract Caprock queen 22 **Federal** above State, Federal or Fee Location ; 664.75 Feet From The North interested 660 Feet From The 3 14 S Township 31 E Chaves Ranga County III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Box 1510, Midland, Texas 79701 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. Is gas actually connected? When 145 31 E 3 No G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/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 made for wher recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure as ng Pressure Choke Size Oil-Bbls. Water - Bbls. Gas - MCF

Date First New Oil Run To Tanks Length of Test Actual Prod. During Test

	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
i			and Condensate, MMCL	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conserva Commission have been complied with and that the information above is true and complete to the best of my knowledge and belief.

(Signature)	
(Signalure)	
Agent	
(Title)	
June 9, 1972	

OIL CONSERVATION COMMISSION

APPROVED	JUN 12 19/2		
BY	Orio. Signed by		
	Joe D. Ramey Dist, I. Suny		
TITLE	Dist. 1. Sung		

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.

Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

JUN-9 1972
OIL CONSERVATION COMM.
HOBBS, N. M.