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	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
I. J. Wolfson & Weldon S. Guest dba Chavez Oil Ltd.
Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
Reason for requesting (Check proper box) Other (Please explain)
New ☐ Change in Transporter etc: ☐ Effective 12/1/71
Revised ☐ Oil ☐ Dry Gas ☐
Other ☒ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner **Phillips Petroleum Company, Odessa, Texas 79760**

II. DESCRIPTION OF WELL AND LEASE **NM-080122**
Lease **Tr. 3** Well No. **#2** Pool Name, including Formation **Caprock Queen Chaves** Kind of Lease **Federal** Lease No. **above**
Location **West Cap Queen Sand Unit**
Section **M** **330** Feet From The **South** Line and **990** Feet From The **West** Line
Township **8** Range **14S** **31E** NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, given in section I tanks. Unit **M** Sec. **8** Twp. **14S** Rge. **31E** Is gas actually connected? **No** 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 ☐ Side Res't. ☐ Diff. Res't.v.
Date Drilled ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D.
Elev. to top of P.B.B., FT., GR., etc., ☐ Name of Producing Formation ☐ Top Oil/Gas Pay ☐ Casing 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.
John Runyan
(Signature)
Agent
(Title)
12/1/71
OIL CONSERVATION COMMISSION
APPROVED **JAN 24 1972**
BY **John Runyan** Geologist
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 sections of this form must be filled out completely for allow-

STATE OF NEW YORK
COUNTY OF ALBANY

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