

COPIES RECEIVED	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

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

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

I. **Operator**
I. J. Wolfson & Weldon S. Guest dba Chavez Oil Ltd.
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
Revised (Check proper box) **Effective 12/1/71**
New ☐ Change in Transporter of:
Revised ☐ Oil ☐ Dry Gas ☐
Other (Please explain) ☒ Casinghead Gas ☐ Condensate ☐

If changing and shipping give name of previous owner **Phillips Petroleum Company, Odessa, Texas 79760**

II. **DESCRIPTION OF WELL AND LEASE** **LC-072006**
Tr. 2 Well No. **West Cap Queen Sand Unit #2** Pool Name, including Formation **Caprock Queen Chaves** Kind of Lease **Federal** Lease No. **above**
Feet From The **South** Line and **330** Feet From The **East** Line
Township **14S** Range **31E** NMEM, **Chaves** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Transporter of Oil ☒ or Condensate ☐ 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 Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) **None**
Unit **I** Sec. **8** Twp. **14S** Rge. **31E** Is gas actually connected? **No**

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 Packer ☐ Diff. Res'v.
Date Compl. Ready to Prod. **12/7/71** Total Depth **1650** B.S.P.D. **1650**
Name of Producing Formation **Caprock Queen** Top Oil Gas Pay **1650** Tubing Depth **1650**
Depth to Casing Shoe **1650**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **8 1/2** CASING & TUBING SIZE **7 1/8** DEPTH SET **1650** SACKS CEMENT **100**

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 Test Oil Run To Tanks **12/7/71** Date of Test **12/7/71** Producing Method (Flow, pump, gas lift, etc.) **Flow**
Length of Test **24** hours Tubing Pressure **100** Casing Pressure **100** Choke Size **10**
Actual Production During Test **100** Oil-Bbls. **100** Water-Bbls. **100** G&W-MCF **100**

GAS WELL
Actual Test - MCF/D **100** Length of Test **24** Bbls. Condensate/MMCF **100** Gravity of Condensate **100**
Testing Method (pilot, back pr.) **100** Tubing Pressure (Shut-in) **100** Casing Pressure (Shut-in) **100** Choke Size **10**

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.
12/7/71
Agent
12/7/71
OIL CONSERVATION COMMISSION
APPROVED **JAN 2 1972**, 19 **71**
BY **John Runyan** **Geologist**
TITLE **Geologist**
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-