NEW MEATUR DIE CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Weldon S. Guest & I. J. Wolfson c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of. Effective May 1, 1972 Oil D. Gas Casinghead Gas Conumsate ___ Change in Ownership If change of ownership give name and address of previous owner ____ Chavez Oil Ltd., Hobbs, New Mexico LC-068474 II. DESCRIPTION OF WELL AND LEASE Well No. Poo. Nime, incl. Log Formation Kind of Lease Lease No. Drickey Queen 6 above State, Federal or Fee Federal Caprock Queen 5 Sand Unit Tract North ______ 1980 Eas t 660 Feet From The Feet From The Unit Letter 10 Chaves 14 S Harris 31 E , NMPM, Township Line of Section Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Fige. is gas actually connected? Sec. Twp. Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Gas Wal. New Well Workover Plug Back | Same Resty. Diff. Resty. Cil Well Designate Type of Completion = (X) Total Depth P.B.T.D. Date Compl. Ready to Frod. Name of Producing Fermatics Top CL/G. s Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE

(Test n = 150 gen recovery of total volume of load oil and must be equal to or exceed top allow-able for this death or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Ta na Pressure Length of Test Gas - MCF Water - Bbls. Actual Prod. During Test

GAS WELL Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Dasing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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

> agent (Title)

> > 1972

June 9,

(Date)

5.2 0.	JUN 12 1972
APPROVED	Orig. Signed by
BY	Dist. I, Supv.
TITLE	DB1. 1, 00pvs

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.

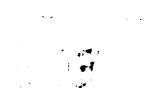
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, we'll name or number, or transporter, or other such change of condition.

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

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RECEIVED

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