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FILE		
U.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

I.

Operator	Weldon S. Guest & I. J. Wolfon		
Address	C/O Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please explain) Effective May 1, 1972		
New Well	<input type="checkbox"/>	Change in Transporter of	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Or	<input type="checkbox"/>
If change of ownership give name and address of previous owner	Chavez Oil Ltd., Hobbs, New Mexico		

II. DESCRIPTION OF WELL AND LEASE

LC-070337

Lease Name	Drickey Queen	Well No.	2	Kind of Lease	Federal	Lease No.	above
	Sand Unit Tract 10		Caprock Queen		State, Federal or Fee		
Location	K	1890	South	1980	West		
Unit Letter	10	Feet From	14 S	31 E	Chaves		
Line of Section		Township		County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	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		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	16	14S 31E
		Is gas directly connected?	No

If this production is commingled with that from any other lease, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Perforations	Tubing Depth					
			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING S.Z.	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be for recovery of total volume of load oil and must be equal to or exceed top allowable for 24 hours 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	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Grav. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing 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 above is true and complete to the best of my knowledge and belief.

Norman Wolfon
(Signature)
Agent

(Title)
June 9, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 12 1972, 19
BY Orig. Signed by
Joe D. Ramey
Dist. I. Supy.

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, 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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JUN - 9 1972

OIL CONSERVATION COMM.
HOBBS, N. M.