

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-11
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator

General Operating Company

Address

Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Operator change effective 11-1-78.

If change of ownership give name
and address of previous owner

Weldon S. Guest & I. J. Wolfson, Hamilton Building, Wichita Falls, Tx.

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Drickey Queen	Well No.	2	Pool Name, including Formation	Caprock Queen	Kind of Lease	State, Federal or Fee	Federal	Lease No.	LC-060811
Location										
Unit Letter	K		2080	Feet From The	South	Line and	1980	Feet From The	West	
Line of Section	15	Township	14S	Range	31E		NMPM,	Chaves		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Company	P.O.Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None	None					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	16	14S	31E	No	-

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Drill Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/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 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

VI. TEST WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, pack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

DECLARATION OF COMPLIANCE

I, the undersigned, declare that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]

(Signature)

(Name)

(Title)

January 26, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JAN 3 1979

Orig. Signed by

BY

Jerry Sexton

TITLE

Dist. 1, Supv.

This form is to be filed in compliance with the rules and regulations of the Oil Conservation Commission.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with the rules and regulations of the Oil Conservation Commission.

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

Fill out only Sections I, II, III, and V for existing wells name or number, or transporter, or other such change of ownership.