

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

Form C-164
Superseding OIL C-161 and C-116
Effective 1-1-65

NO. OF COPIES PREPARED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Gene A. Snow

Address
606 S. 13th Lovington, N.M. 88260

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)

If change of ownership give name
and address of previous owner

Weldon Guest & I. J. Wolfson
Wichita Falls, TX 76301

800 Hamilton Bldg.

II. DESCRIPTION OF WELL AND LEASE

Lease Name DQSU	Tract 48	Well No. 1	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or <u>Lease</u>	Lease No.
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 15 Township 14 S Range 31 E , NMPM, Chaves County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry 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 Sec. Twp. Rge. Injection Well
Is gas actually connected?	When no

If this production is commingled with that from any other lease or pool, give commingling order number: **14-08-001-6399**

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Prod. Rev.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Measurements (DF, RNB, 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 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 (pilot, 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.

Gene A. Snow
(Signature)

Operator

(Title)

11-1-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED **11-1-75**, 19

BY **11-1-75**

TITLE **11-1-75**

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 production taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for filing this form with the Commission.

Fill out only Sections I, II, III, and VI for the purpose of an annual well name or number, or transportation, or other such change of conditions.