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INTA FE			
ILE			
.s.g.s.			
AND OFFICE			
RANSPORTER	OIL	[	
	GAS		
OPERATOR			
OPERATOR	GAS		

(Date)

ILE .S.G.S.	REQUES	REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
AND OFFICE  I RANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE			
Operator Weldon S. Guest & I	. J. Wolfson		
Address			
C/o Oil Reports & G Reason(s) for filing (Check proper	as Services, Inc., Box 76		8240
New We!!	Change in Transporter of:	Other (Please explain)	
Recompletion Change in Ownership	Oil Dry C	Gas Effective	May 1, 1972
If change of ownership give name and address of previous owner	Chavez Oil Ltd., Hob	obs, New Mexico	
II. DESCRIPTION OF WELL AN  Lease Name Drickey Que Sand Unit Tract L  Location		lieen	ease Lease No.
	.980 Feet From The North L	ine and 1980 Feet Fr	om The <b>West</b>
Line of Section 15	14.5	31 E	Chaves
Ellie of Section	Township Range	, NMPM,	County
I. DESIGNATION OF TRANSPO  Name of Authorized Transporter of	OIL Or Condensate		proved copy of this form is to be sent)
Name of Authorized Transporter of		Address (Give address to which ap	proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? When	
If this production is commingled of COMPLETION DATA	with that from any other lease or pool,	<del>-</del>	
Designate Type of Comple	tion - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
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
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
,			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifier recovery of total volume of load o	oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	
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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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.		OIL CONSERVATION COMMISSION  APPROVED JUN 1 2 1972, 19  BY	
June	9, 1972	able on new and recompleted	wells. II III and VI for changes of owner

Fill out only Sections I. II. III. and VI for changes of owner, well 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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partial (FF 1911

orand (FF 1911)

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