

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND 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-10,
Supersedes C-700 and C-701
Effective 1-1-65

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 ☐ Unit Operator change effective
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ 11-1-78.
Other (Please explain)

If change of ownership give name and address of previous owner Gene A. Snow, P. O. Box 1270, Lovington, New Mexico 88260

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Drickey Queen	Well No.	1	Pool Name, including Formation	Caprock Queen	Kind of Lease	State, Federal or Fee	State	Lease No.
	Sand Unit Tract 24								B-10420-112
Location Unit Letter: A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 16 Township 14S Range 31E , NMPM, Chaves County									

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☐ or Dry Gas ☐	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: -

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	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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (Flow, pump, gas lift, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

C. W. Jamison
(Signature)

December 20, 1978
(Date)

OIL CONSERVATION COMMISSION

JAN 3 1979

APPROVED

BY

Orig. Signed by

Jerry Sexton

TITLE

Dist 1, Supv.

This form is to be filed in compliance with Rule 100.

If this is a request for allowable for a newly completed well, this form must be accompanied by a copy of the test logs taken on the well in accordance with the rules.

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

File only Sections I, II, III, and V for change.