

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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-116
Effective 1-1-65

Gene A. Snow

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Ownership	☒	Casinghead Gas	☐ Condensate ☐

If change of ownership give name and address of previous owner **Weldon Guest & I. J. Wolfson 800 Hamilton Bldg. Wichita Falls, TX 76301**

DESCRIPTION OF WELL AND LEASE

Lease Name DQSU Tract 24	Well No. 2	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee NM B-10420112	Lease No.
Location				
Unit Letter H	1180	Feet From The Well Line and 660	Feet From The Center	
Line of Section 16	Township 14 S	Range 31 E	NMPM, Chaves	County

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. Pge. 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**

VI. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Full Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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		

VII. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

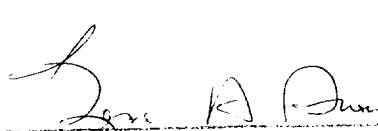
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VIII. 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.


Operator
(Signature)
(Title)

11-1-75

OIL CONSERVATION COMMISSION

JUL 27 1976

APPROVED _____, 19____

Signed by
Harry Sexton
Dist. 1, Supv.

TITLE _____

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 selected tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and deepened wells.

Fill out only Sections I, II, III, and VI for change of owner, Section IV for change of transporter or other such change of ownership.