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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-101
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator
Gene A. Snow

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

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry 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.

DESCRIPTION OF WELL AND LEASE

Lease Name DQSU	Tract 18	Well No. 1	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee	Lease No. B-10417
Location					
Unit Letter D	1980	Feet From The South	Line and 660	Feet From The East	
Line of Section 16	Township 14 S	Range 31 E	N.M.P.M.	County Chaves	

1. 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 A	Sec. 16	Twp. 14 S	Rge. 31 E	Is gas actually connected? no	When

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 Restv.	Perm. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.E.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Taking 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 (flow, 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

OIL CONSERVATION COMMISSION

APPROVED

BY

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