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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator General Operating Company	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
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 ☐
Effective 4/1/77	
If change of ownership give name and address of previous owner I. J. Wolfson & Weldon S. Guest dba Chavez Oil Ltd., Box 763, Hobbs, New Mex	

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name W Cap Queen Sand Unit Tr 8	Well No. 2	State, Federal or Fee Federal	MM-08210
Pool Name, including Formation Caprock Queen			
Location			
Unit Letter L	990 Feet From The West Line and 2810 Feet From The South		
Line of Section 17	Township 14 S	Range 31 E	County Chaves

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Tex-New Mexico Pipeline Company	Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	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 L	Sec. 17	Twp. 14S
			Rge. 31E
			Is gas actually connected? No

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
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.	
ORIG. SIGNED BY: DONNA HOLLER	
(Signature)	Agent
(Date)	4/29/77
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	MAY 2 1977
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.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	

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APR 29 1977

CIL CONSTRUCTION COMM.
HOUS, R. M.