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OIL CONSERVATION COMM.  
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TRANSPORTER	OIL
	GAS
OPERATOR	
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**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-110  
Effective 1-1-65

**I. OPERATOR**  
 Operator **I. J. Wolfson & Malden S. Guesst dba Chavez Oil Ltd.**  
 Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**  
 Reason(s) for filing (Check proper box)  New Well  Change in Transporter of: Oil  Dry Gas  Recommissioning  Casinghead Gas  Condensate  Change in ownership  Other (Please explain) **Effective 12/1/71**  
 If change in ownership give name and address of previous owner **Phillips Petroleum Co., Odessa, Texas 79760**

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease No. **Tr. 10** Pool Name, including Formation **Caprock Queen Chavez** Kind of Lease **Fee** Lease No. **Fee**  
**West Cap Queen Sand Unit**  
 Location **A 660 North 660 East**  
 Unit Located **660** Feet From The **North** Line and **660** Feet From The **East** Line  
 Line Section **20** Township **14S** Range **31E**, NMPM, **Chavez** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  **Texas-New Mexico Pipeline Co.** Address (Give address to which approved copy of this form is to be sent) **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 **A** Sec. **30** Twp. **14S** Rge. **31E** Is gas actually connected? **No** When

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 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 (pitot, 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.  
*Wanna Holler*  
 (Signature)  
**Agent**  
 (Title)  
**12/7/71**  
 OIL CONSERVATION COMMISSION  
 APPROVED **JAN 24 1972**, 19\_\_\_\_  
 BY **John Runyan**  
 Geologist  
 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 deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable or non-allowable wells.

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