

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

Form O-10,
Supersedes Old O-10a and O-10b
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
General Operating Company

Address
Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Unit Operator change effective
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	11-1-78.
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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.	2	Pool Name, including Formation	Caprock Queen	Kind of Lease	State, Federal or Fee	Lease No.
	Sand Unit Tract 9						Federal	LC-070336-A
Location								
Unit Letter	D	Feet From The	990	North	Line and	990	Feet From The	West
Line of Section	22	Township	14S	Range	31E	NMPM,	Chaves	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Water Injection Well						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Rge.	Is gas actually connected?	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 Reel, Same
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 OF 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 recovery 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
Actual Prod. Test - MCF/D (incl. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. STATE 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 above is true and complete to the best of my knowledge and belief.

C. C. Stumbuffer

(Signature)

Agent

(Title)

December 28, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 3 1979

BY Orig. Signed by

Jerry Sexton

TITLE Dir. I. Supr.

This form is to be filed in compliance with the rules and regulations of the Oil Conservation Commission. If this is a request for allowable for a newly drilled well, this form must be accompanied by a true and correct copy of the tests taken on the well in accordance with the rules and regulations.

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

Fill out only Sections I, II, III, and VI for existing wells. Fill out only Sections I, II, III, and VI for new wells. Fill out only Sections I, II, III, and VI for recompleted wells. Fill out only Sections I, II, III, and VI for other such cases.