	and the second second			
UISTRIBUTION	NEW MEXICO OF			
FILE	REQUE			
U.S.G.S.	AUTHORIZATION TO T			
LIND OFFICE	AUTHORIZATION TO T			
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE Operator				
General Operati	ng Company			
Address	los Daul D (11)			
Reason(s) for filing (Check proper	clea Bank Building, Fort V			
New Well Recompletion	Change in Transporter of:			
Change in Ownership	Oil Dry Casinghead Gas Con			
If change of ownership give nam	Va.			
and address of previous owner_	Gene A. Snow, P. O.			
m. <u>Description of Well Ai</u>	VD LEASE			
Lease Name Drickey Que	en Well No. Pool Name, Including			
Sand Unit Tract 9	2 Caprock			
Unit Letter D;	990 Feet From The North			
Line of Section 22	Township 14S Range			
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G			
Water Inject	ion Well			
Name of Authorized Transporter of	Or Dry Gas			
If well produces oil or liquids,	Unit Sec. Twp. Rge.			
give location of tanks.				
If this production is commingled  IV. COMPLETION DATA	with that from any other lease or pool			
Designate Type of Comple	tion - (X) Oil Well Gas Well			
Date Spudged	Date Compl. Ready to Prod.			
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation			
Perforations				
HOLESIZE	TUBING, CASING, AN CASING & TUBING SIZE			
V. TEST DATA AND REQUEST :	FOR ALLOWABLE (Test must be a able for this de			
Data First New Oil Sun To Tanks	Date of Test			
Length of Test	Tubing Pressure			
Actual Prod. During Test	Oil-Bbls.			
·				
2000 / 100 Test- vCF/D	**			
	Length of Test			
	Tubing Pressure (Shut-in)			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100			
and March of Complian	ICE			
So were a law, the rules and	regulations of the Oil Conservation			
Local actions are been complied	with and that the information given e best of my knowledge and belief.			
C (2). 5	1001			
<u> </u>	ature)			
Agent				
	iia)			

FILE	REQUE	ST FOR ALLOWABLE	Form C+10. Supersedes Old C+10.1 un		
W.S.G.S.	AUTHORIZATION'TO	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
L/ND OFFICE	ASTRICKTER TO	I KANSPUR I DIL AND	NATURAL	_ GAS	
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE Operator			• •		
General Operati	ng Company				
Suite 1007 Ridg	lea Bank Building, Fort V	Worth, Texas 7611	6		
Reason(s) for filing (Check proper New Well	Change in Transporter of:	Other (Pleas	•		
Recompletion	~::	Gas Unit 0	perator 8.	change effective	
Change in Ownership	Casinghead Gas Con	ndensate	<u> </u>		
If change of ownership give name and address of previous owner_	Gene A. Snow, P. O.	Box 1270, Loving	ton, New	Mexico 88260	
DESCRIPTION OF WELL AN		<u> </u>			
Leaso Name Drickey Que Sand Unit Tract 9	1 _ 1			Leaso >	
Location	2Caprock	Queen State, Fede		ral or Fee Federal LC-07033	
Unit Letter D;	990 Feet From The North	Line and 990	Feet From	The West	
Line of Section 22	Township 14S Range	31E , NMPM		21/05	
Treverian or ma angre		) 14(4);-(4:	,	Cour	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL O		o which appr	oved copy of this form is to be sent)	
Water Inject					
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address	o which appro	oved copy of this form is to ve sent,	
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp. P.ge.	Is gas actually connecte	id? Wh	nen	
			1		
COMPLETION DATA	with that from any other lease or pool	l, give commingling order	number:		
Designate Type of Comple	tion - (X)   Oil Well   Gas Well	New Well Workover	Deepen	Plug Back   Same Resty. D.M. A.	
Date Spudaea	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation				
	or roughly roundfor	Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Show	
	TUBING, CASING, AN	O CEMENTING RECORD	)		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SVGKC CITICAL	
יייי יייי איייי איייי איייי איייי אייייי	700 AV 000 AV 0				
TEGT DATTA AND REQUEST :	OR ALLOWABLE (Test must be able for this d	after recovery of total volum epth or be for full 24 hours)	e of load oil a	and must be equal to or execute .c.,	
Dain Firet New Oil Run To Tanks	Date of Test	Producing Method (Flow.	pump, gas lif	t, etc.j	
ongth of Test	Tubing Pressure	Casing Pressure		Choke Size	
ciua. Prou. During Toot	Oil-Bbls.			1	
	On-Bala.	Water-Bblé.		Gan + MCF	
			<del></del>		
	Length of Test	Bbis. Condensate/MMCF	<del></del>	0	
	!			Gravity o. Concentration	
	Tubing Pressure (Shmt-in)	Casing Pressure (Shut-1	a)	Choza 3.20	
AND UN COMPLIAN	CE	OII CC	NSERVA:	TION COVVICE	
		i:	JAN3		
The cold is the intervalent and regulations of the Oil Conservation of the Oil Conservation of the information given the complete to the best of my knowledge and belief,		APPROVED JAN 3 1979  Orig. Signed by			
ove to true and complete to th	a best of my knowledge and belief.		rig. Signed		
1		. I	ist 1. Supv.		
ت. ت. 🗇	in the fact of the same of the	.		ompliance with AUL	
<del></del>	ature)	well, thin form must b	a accompani	ble for a newly decorated and by a tell of the control of the cont	
Agent Agent		tests taken on the we	i. in accord	ance with the	
December 28. 1	16a) 978	i able on now and reco	All sections of this form must be filled our comp.  able on new and recompleted wells.		
(Date)		Fill out only Sections I, II, III, and VO for the section well name or number, or transporter, or other such classes.			