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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-104
 Superseding Old C-101 and C-11
 Effective 1-1-65

I. Operator
Don H. Wilson
 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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "AT"	Well No. 2	Pool Name, including Formation Eumont Yates-Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. B-1481
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 4 Township 19 S Range 37 E , NMPM, Lea 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)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Northern Natural Gas Company	2223 Dodge Street, Omaha, Nebraska 68102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	Is gas actually connected? Yes		When 10/26/77	

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 Restv.	Diff. Restv.
		X	X					
Date Spudded 6/16/77	Date Compl. Ready to Prod. 8/16/77		Total Depth 4000			P.B.T.D. 3067		
Elevations (DF, RKB, RT, CR, etc.) 3702 DF	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3010			Tubing Depth 2990		
Perforations 3010-3040						Depth Casing Shoe 3996		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	320	175
7 7/8	5 1/2	3996	1600
	2 3/8	2990	

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 308*	Length of Test 24 hours	Bbls. Condensate/MCF 0	Gravity of Condensate
Testing Method (flow, back pr.) Last rate of 4-point	Tubing Pressure (shut-in) 1510#	Casing Pressure (shut-in) backer	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.

Walter Hollis
 (Signature)
 Agent
 (Title)
 10/27/77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 28 1977**, 19____

BY *[Signature]*

TITLE _____

This form is to be filed in compliance with RULE 1102.
 If this be a request for allowable for a newly drilled or deepened well, this data must be accompanied by a completion of the prescribed tests taken on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for all wells on new or deepened wells.
 Fill out only Sections I, II, III, and VI for change of ownership. If name of well, or transporter, or other such change of conditions