

OPERATOR
 NAME AND ADDRESS
 PHONE NO.
 CITY AND STATE
 COUNTRY
 TRANSPORTED OIL GAS
 OPERATOR
 PRODUCTION OFFICE
 ADDRESS

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
 Supersedes OIL-G-147 and O-1
 Effective 1-1-65

Don H. Wilson

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240

Reason(s) for Filing (Check proper box)
 New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Ownership Condensate

Other (Please explain)
**CASINERAD GAS MUST NOT BE
 PLACED INTO
 UNLESS AN EXEMPTION TO X-1070
 IS OBTAINED**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name **State "BJ"** Well No. **1** Pool Name, Including, Location **Vacuum - San Andres** Kind of Lease **State** Lease No. **B-1482**
 Location
 Unit Letter **M** **990** Feet From The **South** Line and **330** Feet From The **West**
 Line of Section **35** Township **17S** Range **35E** N.M.P.M. **Lea** County

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) **P. O. Box 1510, Midland, Texas 79701**
 Name of Authorized Transporter of Gashead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent)

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'n. Prod'n.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date Spudded Respud 9/27/77	Date Compl. Ready to Prod. 10/15/77	True Depth 9233	P.D.T.D. 5040				
Elevations (DF, RND, RT, CR, etc.) 3923 DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 4916	Taking Depth 4882				
Perforations 4916-36			Depth Casing Shoe 5095				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	13 3/8	354	375
12 1/4	8 5/8	3550	2083
Liner	5 1/2	3485 - 5095	275
	2 3/8	4882	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top oil flow for this depth or so for full 24 hours)

Date First New Oil Run To Tanks **10/15/77** Date of Test **12/5/77** Producing Means (Flow, pump, gas lift, etc.) **Pump**
 Length of Test **24 hrs.** Tubing Pressure **20#** Casing Pressure **20#** Choke Size **2"**
 Actual Prod. During Test **18 bbls fluid** Oil - bbls. **3** Water - gals. **15** Gas - MCF **1STM**

GAS ANALYSIS
 Actual Prod. Test - MCF/D Length of Test
 Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.

Don H. Wilson
(Signature)

Agent
(Title)

12/19/77
(Date)

OIL CONSERVATION COMMISSION

JAN 16 1978

APPROVED _____, 19____
 BY: _____
 TITLE: **SUPERVISOR DISTRICT 1**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled and/or completed well, this form must be accompanied by a completion of the required information on the well in accordance with RULE 1104.
 All operations of this form must be filed out completely and allow the commission to complete it with.
 Fill out only Sections I, II, III, and VI for change of name of well, lease or number, or location, or other such change of existing

RECEIVED

APR 20 1977

OIL CONSERVATION COMM.
HOBBS, N. M.