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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  
**RECEIVED**

Form C-101  
 Supersedes Old C-101 and C-111  
 Effective 1-1-65

JUN 24 1977

Operator **Gene A. Snow** **O. C. C. ARTESIA, OFFICE**

Address **606 S. 15th St., Lovington, New Mexico 80260**

Reason(s) for filing (check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Gas-lifted Gas  Condensate   
 Change in Ownership

Other (Please explain): *effective 3-11-77*

If change of ownership give name and address of previous owner: **John H. Trigg Co., P. O. Box 520, Roswell, N.M.**

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Federal Wilson Federal</b>	Well No. <b>1</b>	Post Name, including Formation <b>Turkey Track Q-G</b>	Kind of Lease State, Federal or Free	Lease No. <b>NY-01506</b>
Location Unit Letter <b>D</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b>	Line of Section <b>33</b>	Township <b>18S</b>	Range <b>29E</b>	County <b>Eddy</b>

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corp.</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>
Name of Authorized Transporter of Gas-lifted Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>none</b>	Address (give address to which approved copy of this form is to be sent)
If well produces oil or liquid, give location of tanks. Unit <b>D</b> Sec. <b>33</b> Twp. <b>18</b> R. <b>29</b>	Is it actually connected? <b>No</b> When

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir (Oil, Gas, etc.)
Date Spudded	Date Compl. Ready to Prod.	Total Depth	M.B.T.D.				
Elevations (OF, R&B, RT, GR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth				
Perforations						Depth Casing Shoe	

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**IV. TEST DATA AND REQUEST FOR ALLOWABLE (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-MCF	Water-Prod.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Blow, Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pt.)	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.

*Gene A. Snow*  
 Operator  
 6-24-77

**OIL CONSERVATION COMMISSION**

JUN 27 1977

APPROVED: *W. A. Gussett*  
 BY: **W. A. Gussett**  
 TITLE: **SUPERVISOR, DISTRICT E**

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 corrected test data on the well in accordance with RULE 1101.  
 The location of this well must be 100 feet or more from an allowable boundary of a producing well.  
 Fill out only Sections I, II, III, and IV for change of owner, well name or number, or transporter or other such change of condition.