

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1-
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	3
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-5

RECEIVED

FEB 16 1966

CHANGE

OK. *(Signature)*

D. G. D.
DISTRICT ENGINEER

Operator J. C. WILLIAMSON	
Address BOX 16, MIDLAND, TEXAS	
Reason(s) for filing (Check proper box)	Other (Please explain) Re-Entry - OTD 7349'
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "A"	Well No. 1	Pool Name, Including Formation WILDCAT	Kind of Lease State, Federal or Fee	State E-5073
Location: Unit Letter M ; 660 Feet From The SOUTH Line and 660 Feet From The WEST Line of Section 36 , Township 19-S Range 28-E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) 3119 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 M	Sec. 36	Twp. 19-S	Rge. 28-E	Is gas actually connected? No	When Unknown

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded (Re-Entered) December 26, 1965	Date Compl. Ready to Prod. February 9, 1966	Total Depth 10,380	P.B.T.D. 9675					
Pool Wildcat	Name of Producing Formation Wolfcamp Reef	Top Oil/Gas Pay 9058	Tubing Depth 9020					
Perforations 9112 - 52' & 9168 - 88' W/2 shots per ft.			Depth Casing Shoe 9700					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15"	13 3/8"	331 351		330				
11 3/4"	8 5/8"	2400 2087		Unknown - Re-Entry				
7 7/8"	5 1/2"	9700		200				
	2" BH	9020						

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 February 9, 1966	Date of Test 2/10/66 to 2/11/66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1300#'	Casing Pressure Pkr.	Choke Size 18/64th
Actual Prod. During Test 605.94	Oil-Bbls. 605.04	Water-Bbls. None	Gas-MCF 106,056 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

(Signature)
Engineer
February 14, 1966
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED **FEB 21 1966**, 19
BY **W. A. Gessett**
TITLE **OIL AND GAS INSPECTOR**

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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply