

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Carlsbad, N. M.

12-31-63

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Neil H. Wills

Wills-Federal

, Well No. 37, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B

Sec 13

T 20 S

R 28 E

NMPM,

Russell

Pool

Unit Letter

County. Date Spudded. 10-29-63

Date Drilling Completed

11-18-63

Please indicate location:

Elevation 3255

Total Depth 857

PBTD

Top Oil/Gas Pay 832

Name of Prod. Form. Yates sand

PRODUCING INTERVAL -

Perforations

Open Hole 832 to 857

Depth Casing Shoe 832

Depth Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 5 bbls. oil, 145 bbls water in 24 hrs, min. Choke Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): shot well w/16 cts nitro 125-856

Casing Tubing Date first new

Press. Press. oil run to tanks 12-30-63

Oil Transporter Neil H. Wills

Gas Transporter

660' fr NL, 2630' fr EL

Tubing, Casing and Cementing Record

Size

Feet

Sex

7"	157	26
4 1/2"	826	100

Remarks:

RECEIVED

JAN 8 1964

D. C. C. ARTESIA, OFFICE

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JAN 9 1964, 19

Neil H. Wills

(Company or Operator)

By:

(Signature)

Title Agent

Send Communications regarding well to:

Name Neil H. Wills

Address Drawer 4, Carlsbad, N. M.

OIL CONSERVATION COMMISSION

By:

Title

OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
No. Copy	4	
OPERATOR	/	
SANTA FE	/	
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U. S. G. S.		
TRANSPORTER		
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GAS	
PROMOTION OFFICE	
OPERATOR	<u>2</u>

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Neil H. Wills</b>				Lease <b>Wills-Federal</b>		Well No. <b>37</b>	
Unit Letter <b>B</b>	Section <b>13</b>	Township <b>20 South</b>	Range <b>28 East</b>		County <b>Eddy</b>		
Pool <b>Russell</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>B</b>	Section <b>13</b>	Township <b>20 South</b>	Range <b>28 East</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Neil H. Wills</b>				Address (give address to which approved copy of this form is to be sent) <b>Drawer W Carlsbad, N. M.</b>			
Is Gas Actually Connected? Yes _____ No <u>X</u> _____							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)				

If gas is not being sold, give reasons and also explain its present disposition:

*TSTM*

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate . . ☐

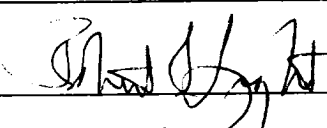
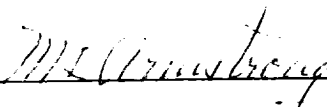
**RECEIVED**  
**JAN 9 1964**

Remarks

**O. C. C.**  
**ARTESIA, OFFICE**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 31st day of December, 1963.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Agent</b>	
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Neil H. Wills</b>	
Date <b>JAN 9 1964</b>	Address <b>Drawer W Carlsbad, N. M.</b>	