

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 QUADRUPLICATE 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.

(Place)

10-30-63

(Date)

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

Neil H. Wills

LC-050797

Well No. Wills 36, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A

Sec 13

T 20 S

R

28 E

NMPM.

Russell Pool

Unit Letter

Eddy

County. Date Spudded 9-30-63

Date Drilling Completed 10-21-63

Please indicate location:

Elevation 3257

Total Depth 881 PBT

Top Oil/Gas Pay 858

Name of Prod. Form. Yates sand

PRODUCING INTERVAL -

Perforations

Open Hole 858-881

Depth 858

Depth
Tubing

OIL WELL TEST -

Natural Prod. Test: 5 bbls. oil, 40 bbls water in 24 hrs, min. Size 2

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. 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): None

Casing Tubing Date first new
Press. Press. oil run to tanks Oct 28-63

Oil Transporter Neil H. Wills

Gas Transporter

RECEIVED

Remarks:

(no electric logs or radiation logs run in this hole)

NOV 5 1963

D. C. C.
ARTESIA, OFFICE

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

Approved NOV 12 1963, 19

Neil H. Wills

(Company or Operator)

By:

(Signature)

Title

Agent

Send Communications regarding well to:

Name Neil H. Wills

Address Drawer W, Carlsbad, N. M.

OIL CONSERVATION COMMISSION

By:

Title

OIL CONSERVATION COMMISSION	
GENERAL INVESTIGATIVE OFFICE	
1. NAME OF PARTY	5-
2. ADDRESS	
3. PHONE	
4. DATE	2
5. TIME	1
6. REPORT	1
7. STATE	
8. U. S. S.	
9. NAME	
10. FILE	1-
11. BUREAU OF N. D.	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Neil H. Wills Lease LC-050897

Well No. Wills-36 Unit Letter A S 13 T 20S R 28E Pool Russell

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit B S 13 T 20S R 28E

Authorized Transporter of Oil or Condensate Neil H. Wills

Address Drawer W Carlsbad, N. M.
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

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

Reasons for Filing: (Please check proper box) New Well ☒ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____
(Give explanation below)

RECEIVED

NOV 5 1963

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 October 1963

By [Signature]

Title Agent

Approved NOV 12 1963 1963

OIL CONSERVATION COMMISSION

Company Neil H. Wills

By [Signature]

Address Drawer W

Title OIL AND GAS INSPECTOR

Carlsbad, N. M.

OIL CONSERVATION COMMISSION

ARTERY DISTRICT OFFICE

No. Capitalized 35
 DISTRICT

	NO.	DATE
GENERAL	<u>2</u>	
SPOT	<u>1</u>	
PRODUCTION		
STATE OF		
U. S. G. A.		
TRANSPORTER		
FILE		
BUREAU OF MINES	<u>1</u>	<u>—</u>