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## NE MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) SEP 1 1 1964 Avised 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.	9 <b>-</b> 8 <b>-</b> 64	
		$\nu$		(Place)	(Date)	
WE ARE	HEREBY F	REQUESŤI	NG AN ALLOWABLE FO	R A WELL KNOWN AS:		
	Neil H.	vills	LC <b>-</b> 05 <b>07</b> 9 <b>7</b>	, Well No.W1118-40	in SE 1/2 NE 1/4	
_(0	company or O	perator)	(Lease)	······································	/4;	
Н	Sec	c <u>13</u>	., T. 208 R. 201	, NMPM.,	Russell Pool	
Unit I	Ana					
	ddy		County. Date Spudded	7-1-64 Date Drillin	og Completed [=20=04]	
Please indicate location:		Elevation 3253 Total Depth 861 PBTD  Top Oil/Gas Pay 525 Name of Prod. Form. Yates sand				
D	C B		Top Oil/Gas Pay 020	Name of Prod. Form.	Tates sand	
"		"	PRODUCING INTERVAL -			
			Perforations			
E	F G	H	000 Hall 820 Hall 617	Depth Casing Shoe 839	Depth	
		$\times$	Upen Hole 039 to 39	Casing Shoe039	Tubing	
<del>                                     </del>	<b>7</b> 7		OIL WELL TEST -			
L	K J	I	Natural Prod. Test:	testedbbls.oil,bbls water	Choke r in hrs. min. Siże	
		1		Treatment (after recovery of vo	· —	
M	N O	P		·	Chaka	
]		1 1	load oil used): 10 b	ols,oil, 6 bbls water in	211 hrs,min. Size	
		إلبل	GAS WELL TEST -			
1980	$/N_{-}/$	3/0/E	Natural Prod. Test:	MCF/Day; Hours flowed	i Choke Size	
Tubing Ca	, sing and Com	/ enting Recor				
Size	Feet	Sax	, , , , , , , , , , , , , , , , , , ,	pack pressure, etc.):		
	1	1	Test After Acid or Fracture	Treatment:	MCF/Day; Hours flowed	
7	145	12	Choke Size Method	of Testing:		
1.1	0.00	(2		(Give a second of second of	and a said water oil and	
74字	839	60		(Give amounts of materials used,		
			sand): Well Shot W Casing Tubing	Date first new	ine 860 to 837	
		[		oil run to tanks	2-64	
			Oil Transporter N∈	il H. Wills		
D			- Gas Transporter			
Remarks:						
••••••••••		*******************	***************************************	***************************************	•••••••••••••••••••••••••••••	
•••••••			••••••••••••			
I here	by certify th	nat the info	mation given above is true	and complete to the best of my l	knowledge.	
Approved	2	EP 1 1 190	5419	Neil H. Wills	***************************************	
••	•		•	(Company o	Operator)	
O	IL CONSE	RVATION	COMMISSION	By: Stat Ly	<del>\</del>	
				(S)gn	ature)	
Bv: //	112 (12	nest tic	11.4	Title Agent		
— y · ·······	. 540 220 Boa 200 2 Fee 200 l	•••••••••••••••••••••••••••••••••••••••	-/	Send Communication	ns regarding well to:	
Title	COL 188 0	AS INSPECT	56	1023 10 025 -		
				Name. Holl Ha Wills	***************************************	
				Address Drawer W Car	lsbad. N. M.	
				4 2-4-4-4 Administration of the section		

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## NEW MEXICO DIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

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

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Well No. Company or Operator Wills-10 LC-050797 Neil H. Alls Range County Township Unit Letter Section H 23 E Eddy 13 20 S Kind of Lease (State, Fed, Fee) Pool Federal Russell Range Township Unit Letter Section If well produces oil or condensate 28 E 13 give location of tanks Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil a or condensate Neil H. Vills Yes\_ No. Is Gas Actually Connected? Address (give address to which approved copy of this form is to be sent) Date Con-Authorized transporter of casing head gas or dry gas If gas is not being sold, give reasons and also explain its present disposition: Hone produced REASON(S) FOR FILING (please check proper box) Change in Ownership . . . . . . . . . . . . Other (explain below) Change in Transporter (check one) RECEIVED Casing head gas . Condensate . . SEP 1 1 1964 a. c. c. ARTESIA, OFFICE Remarks The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the 8th day of \_ <u>September</u>, 19 By OIL CONSERVATION COMMISSION Approved by Agent Company Title Neil H. Wills AND BAR INSPECTS Address SEP 1 1 1964 Carlsbad, N. M. Drawer W