NEW . . EXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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. Carlabad, New Mexico 1-24-65 (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Neil H. Wills LC-050797 Well No. Wills-4 , in NE 1/2 NE 1/2 (Company or Operator) (Lesse) Date Drilling Completed 9-25-64 Elevation 3255 Total Depth 866 PBTD 866 Please indicate location: Top Oil/Gas Pay____ 844 _Name of Prod. Form. Yates Sand D C В . PRODUCING INTERVAL -T Perforations_ E F G Ħ Depth Depth 817 to 866 81.7 Open Hole Casing Shoe 86L Tubing OIL WELL TEST -L K J Ι Choke Natural Prod. Test: 5 bbls.oil, 10 bbls water in 24 hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of M N Ρ 0 Choke load oil used): 20 bbls.oil, 16 bbls water in 21 hrs, min. Size GAS WELL TEST -1310 Fr. NL, 1310 Fr ELV Natural Prod. Test: _____MCF/Day; Hours flowed _____Choke Size_____ Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): Size Feet Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: 15 7 161 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 5 817 60 sand): Shot well with 10 quarts nitroglycerine from 816 to 866.... Casing Tubing Date first new 12-15-64 Press. Press. oil run to tanks Oil Transporter Neil H. Wills RECEIVED Gas Transporter Remarks: JAN 2 8 1955 I hereby certify that the information given above is true and complete to the best of my knowledge. ARTESIA, DEFICE Company or Operator) OIL CONSERVATION, COMMISSION By:..... (Signature) 1911 Title____Agent_____ UQ Bv: Send Communications regarding well to: MALARP AAR INSPECTOR Title Name.....

Address.....



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NEW MEXICO OIL CONSERVATION CUMMISSION SANTA FE U.S.G.3. LAND OFFICE U.S.G.3. LAND OFFICE U.S.G.3. LAND OFFICE U.S.G.3. LAND OFFICE DIL GA3 PHORATION OFFICE DEPAYOR DEPAYOR DEPAYOR DEPAYOR DEPAYOR DEPAYOR DEPAYOR DIL DIL DIL DIL DIL DIL DIL DIL					ORM C-110 (Rev. 7-60)
Company or Operator			Lease Well No.		
Neil H. Wills Unit Letter Section Township Range			LC-050797 W1118-41		
A320S	Range	28E	Eddy		
Pool Russell			Kind of Lease (Stat Person	Fay	
If well produces oil or condensate give location of tanks	Unit Letter	Section 13	Township 20S	Range	28£
Authorized transporter of oil 🏝 or condensate 🛄		Address (give ad	dress to which approved copy	y of this form	n is to be sent)
Neil H. Wills Drawer W Carlsbau, New Mexico					
	Actually Connecto	+	No		
Authorized transporter of casing head gas or dry gas	s Date Con- nected	Addtess (give add	dress to which approved copy	of this form	1 is to be sent)
If gas is not being sold, give reasons and also explain it:	s present disposition:	<u> </u>		·	
	بى	_			
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	ON(S) FOR FILING				
New Well	Change in Owne Other (explain b	rship [elow)		• •	
Oil Dry Casing head gas Cor	RECEIVER JAN 2 8 1965				
O. C. C. Artesia. Office					
Remarks					
The undersigned certifies that the Rules and Regula	ations of the Oil Co	onservation Comm	ission have been complied	d with.	
Executed this the 24t	a day of	January	_, 19 <u>. 55</u> .		
OIL CONSERVATION COMMISSION			IN SH		
Approved by ML Graustreno Tide Agent					
Title		Company N ei	1 H. Wills		
Date	<u></u>	Address	······································		<u> </u>
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