	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	TRANSPORTER     GAS       OPERATOR		-	
	WOLFSON OIL COMP. Aadress 3206 REPUBLIC NA' deuson(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	TIONAL BANK TOWER, DALLAS	Other (Please explain) Casinghead Gas	First Run
	If change of ownership give name and address of previous owner			
	DESCRIPTION OF WELL AND I Lease Name MOUNTAIN FEDERAL Location Unit LetterG;23	Well No. Pool Name, including Fo 1 TOMAHAWK (SAN 10 Feet From The NOTTH Line	ANDRES) State, Federa	l or Fee FEDERAL 18846
111.		ER OF OIL AND NATURAL GAS		SEVELT County ved copy of this form is to be sentj
	MATADOR PIPELINES, INC. Name of Authorized Transporter of Casinghead Gas XX or Dry Gas CITIES SERVICE COMPANY Unit Sec. Twp. Pge.		BOX 2256, WICHITA, KS 67201 Address (Give address to which approved copy of this form is to be sent) BOX 300, TULSA, OK 74102 Is gas actually connected? When	
1	if well produces oil or liquids, I give location of tanks.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	YES	JUNE 5, 1979
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen Total Depth	Plug Back   Same Res'v.   Diff. Res'v. P.B.T.D.
	Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>v</b> .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
	Olf. WELL Date First New Oli Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF
	CAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, oack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Vi.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conderwation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION JUN 11 1979, 19 Orig. Signed by BY	
	J. L. Crucchffeidnewe) Office Manager (Title) June 6, 1979 (Date)		<ul> <li>well, this form must be accompance with AULE 111.</li> <li>tests taken on the well in accordance with AULE 111.</li> <li>All sections of this form must be filled out completely for allow- able on new and recompleted wells.</li> <li>Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.</li> <li>Separate Forms C-104 must be filled for each pool in multiply</li> </ul>	

completed wells.

## RECEIVED

JUN 8 1979 OIL CONSERVATION COMM. HOBBS, N. M.