

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

CORRECTED

Operator WOLFSON OIL COMPANY	
Address 3206 REPUBLIC NATIONAL BANK TOWER, DALLAS, TEXAS 75201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE JANUARY 1, 1979	

If change of ownership give name and address of previous owner _____

Lease Name MOUNTAIN FEDERAL		Well No. 1	Pool Name, including Formation TOMAHAWK (SAN ANDRES)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 18846
Location Unit Letter G ; 2310 Feet From The North Line and 1980 Feet From The East Line of Section 30 Township 7-S Range 32-E , NMPM, ROOSEVELT County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MATADOR PIPELINES, INC.		Address (Give address to which approved copy of this form is to be sent) BOX 2256, WICHITA, KS 67201			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> CITIES SERVICE COMPANY		Address (Give address to which approved copy of this form is to be sent) BOX 300, TULSA, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 30	Twp. 7-S	Rge. 32-E	Is gas actually connected? When No JANUARY 1, 1979

If this production is commingled with that from any other lease or pool, give commingling order number: _____

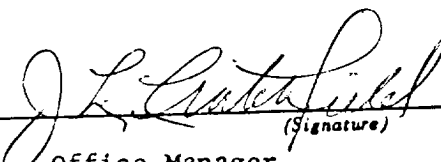
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 6-11-78	Date Compl. Ready to Prod. 7-28-78	Total Depth 4296'		P.B.T.D. 4260'					
Elevations (DF, RKB, RT, GR, etc.) 4423	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4108'		Tubing Depth 4150'					
Perforations 4108-64				Depth Casing Shoe 4280'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11	8-5/8		1788		600				
7-7/8	4 1/2		4280'		300				
	2		4150'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back 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 Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Office Manager
12-7-78
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 13 1978, 19____
BY John Runyan
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.