

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

W 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

I. Operator El Paso Energy
Address 3000 Franklin Ave., Dallas, Texas 75201
Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/1/75 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McCormick</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Cato (McCormick)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>5178</u>
Location Unit Letter <u>1</u> , <u>330</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>North</u> Line of Section <u>6</u> Township <u>23S</u> Range <u>9E</u> , NMPM, <u>Gray</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>El Paso Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Dallas, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso</u>	Address (Give address to which approved copy of this form is to be sent) _____					
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>6</u>	Twp. <u>23S</u>	Rge. <u>9E</u>	Is gas actually connected? <u>Yes</u>	When <u>11/1/75</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded <u>7-1-75</u>	Date Compl. Ready to Prod. <u>8-22-75</u>	Total Depth <u>3310</u>	P.B.T.D. <u>3340</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>1009'</u>	Name of Producing Formation <u>McCormick</u>	Top Oil/Gas Pay <u>330'</u>	Tubing Depth <u>3315</u>					
Perforations <u>3306, 3310, 3314</u>	3 holes					Depth Casing Shoe <u>3332</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11</u>	<u>8 5/8</u>	<u>3310</u>	<u>175</u>					
<u>7 7/8</u>	<u>5</u>	<u>3332</u>	<u>175</u>					

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 <u>8-22-75</u>	Date of Test <u>8-22-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test <u>72</u>	Oil - Bbls. <u>10</u>	Water - Bbls. <u>51</u>	Gas - MCF <u>320</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

(Signature)

(Title)

8-22-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John W. Ramsey

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.

M-G-F DRILLING Co., INC.

1126 VAUGHN BUILDING

MIDLAND, TEXAS 79701

915 - MU 4-7121

INCLINATION REPORT

OPERATOR: Wolfson Oil Company
311 Midland National Bank Building
Midland, Texas 79701

LOCATION: Mac Federal No. 1
Section 6, T-9-S,
R-30-E, Chaves
County, New Mexico.


Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees
315	1/4						
735	1/4						
1123	1/2						
1578	1/2						
1815	1/2						
2220	3/4						
2764	1/2						
3028	1/2						
3340	1/4						

STATE OF TEXAS
COUNTY OF MIDLAND

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.


L. E. Grimes, Drilling Superintendent

SUBSCRIBED AND SWORN TO BEFORE ME this the 29th day of July, 1975.


Notary Public in and for Midland
County, Texas

My Commission Expires:
June 1, 1977