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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

I.

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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARSHALL	Well No. 1	Pool Name, including Formation CATO (SAN ANDRES)	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>9-S</u> Range <u>30-E</u> , NMPM, <u>CHAVES</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"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CITIES SERVICE OIL COMPANY NATURAL GAS PIPELINE CO. OF AMERICA	P. O. BOX 300, TULSA, OK 74102 P. O. BOX 236, MIDLAND, TX 79701
If well produces oil or liquids, give location of tanks. H 6 9-S 30E	Is gas actually connected? <u>Yes</u> <u>11-17-76</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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-13-76	Date Compl. Ready to Prod. 3-23-76		Total Depth 3360'		P.B.T.D. 3344'			
Elevations (DF, RKB, RT, GR, etc.) 4150 GR	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 3274'		Tubing Depth 3250'			
Perforations 3274-3314					Depth Casing Shoe 3360'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8-5/8		318'		175			
7-7/8	4 1/2		3360'		150			
	2		3250'					

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)

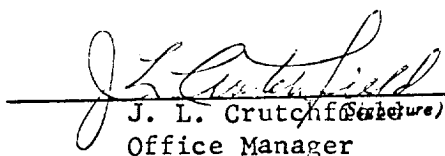
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


J. L. Crutchfield
Office Manager

12-2-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1976, 19

BY _____

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.

FEDERAL

NOV 19 1973

OIL COMPANY VAL. & INCOME
C. 1973