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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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-104a
Effective 1-1-65

Operator Don H. Wilson	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

Lease Name State "BJ"		Well No. 1	Pool Name, including Formation Vacuum - San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-1482
Location					
Unit Letter M	990	Feet From The South	Line and 330	Feet From The West	
Line of Section 35	Township 17 S	Range 35 E	, NMPM, Lea		County

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35	Twp. 17S	Rge. 35E	Is gas actually connected? Yes
					When 2/16/78

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	

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

I. 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.

DRSG. SIGNED BY: DONNA HOLLEY

(Signature)
Agent
(Date)
2/20/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED **1978**, 19
BY **John W. Runyan**
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 logs 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 Form C-104 must be filed for each pool in multiple-well or two-well.