## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FÉ Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE WILSON OIL COMPANY Address 206 Booker Bldg, Artesia, New Mexico 88210 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Prior Use - Pumping engine & Rig Recompletion Dry Gas fuel - Various times Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Charlotte State B9131 Eumont (1979) F-6/69 | State, Federal or Fee State Location \_,\_660 North Line and Unit Letter 1980 Feet From The Feet From The Line of Section 32 20 Township Range 36 , NMPM, Lea Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Carlsbad Highway - Hobbs, New Mex. Unit Twp. Rge. If well produces oil or liquids, Sec. Is gas actually connected? When give location of tanks. 6/27/69 yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back Same Res'v. Diff. Res'v Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT A recent order # R6169 of Oil Conservation Division placing the well in the The Oct. 1979 production was 312 MCF per month. Wilson Eumont pool. process of establishing the well a stripper gas well. This Clouble the purpose of transfering the well to the Eumont pool as set out as set out by 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 of street 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 Cosing Pressure Choke Size Actual Prod. During Test Water - Bbls. Gas - MCF وفاته کې در دو دور دوسې کامور دو کو د د د کار ور دوسې GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 634 24 hrs. dry Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back pressure Pitot 485 485 regulation

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

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## OIL CONSERVATION COMMISSION

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B9131

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TITLE	AUPARTSON CONTRACTOR

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.