

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                       |     |
|-----------------------|-----|
| NO. OF COPIES DESIRED |     |
| DISTRICT OFFICE       |     |
| SANTA FE              |     |
| OIL                   |     |
| N.M.O.                |     |
| LAND OFFICE           |     |
| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATOR              |     |
| OPERATION OFFICE      |     |
| Operator              |     |

Don H. Wilson

Address

c/o Oil Reports &amp; Gas Services, Inc. Box 763, Hobbs, NM 88240 (Donna Holler)

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Effective Date 4/1/84

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|            |          |                                |                             |           |
|------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease No. |
| State "AT" | 2        | Eumont Yates-Seven Rivers      | State, Federal or Fee State | B-1481    |
| Location   |          |                                |                             |           |

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The WestLine of Section 4 Township 19S Range 37E , NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Koch Oil Company of Texas, Inc.  | P. O. Box 1558, Breckenridge, Texas 76024                                |
| 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) |
| Northern Natural Gas Company   | 2223 Dodge Street - Omaha Nebraska 68102                                 |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | <u>L</u> <u>4</u> <u>19S</u> <u>37E</u> <u>Yes</u> <u>10/26/77</u>       |

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

## COMPLETION DATA

|                                    |                             |                 |              |          |        |           |                   |              |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------------|--------------|
| 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, RAB, 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donna Holler  
(Signature)

Agent

(Title)

3/23/84

(Date)

## OIL CONSERVATION DIVISION

MAR 26 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED  
MAR 23 1984

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MAR 23 1984  
C C D  
HOBBS OFFICE