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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

EW MEXICO OIL CONSERVATION COMMISSIC.  
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  
Bruce A. Wilbanks  
Address  
P. O. Box 763, Highland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Wood State Oil Co. Well No. 2 Pool Name, Including Formation Lunice Monument Grayburg State, Federal or Fee State P-2106  
Location San Andres  
Unit Letter 1980 Feet From The North Line and 1650 Feet From The West  
Line of Section 16 Township 20N Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Company P. O. Box 2612, Houston, Tx 77001  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Basis Natural Gas Comp. Inc. P. O. Box 1192, El Paso, Tx 79978  
If well produces oil or liquids, give location of tanks. Unit 16 Sec. 20 Twp. 37 Rge. Is gas actually connected? Yes When 10-11-73

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 Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.  
Date Spudded 10-6-73 Date Compl. Ready to Prod. 10-10-73 Total Depth 3727' P.B.T.D. 3727'  
Elevations (DF, RKB, RT, GR, etc.) 3518.10 Name of Producing Formation Grayburg San Andres Top Oil/Gas Pay 3679 Tubing Depth 3715  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
16 12-1/1 130 100  
11 8-5/8 1124 100  
7-7/8 5-1/2 3679 200

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  
111 2 hr. -0-  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size  
Griffice well tester 375 110 30/64

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.  
Bruce A. Wilbanks  
(Signature)  
Operator  
(Title)  
10-18-73  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED 10/18/73  
BY 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 Forms C-104 must be filed for each pool in multiply