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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Park Tower Dallas, Texas	
Reason(s) for filing (Check proper box) New Well <input checked="" 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 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 State "H"	Well No. 4	Pool Name, Including Formation Amoco, South Queen, 7 Rivers	Kind of Lease State, Federal or Fee State	Lease No. B-1184
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 17 Township 22S Range 36E , NMPM, 101 County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Admiral Crude Oil	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Asland Chemical Co.	Address (Give address to which approved copy of this form is to be sent) Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17	Twp. 22S	Rge. 36E	Is gas actually connected? Yes	When January 1970

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 checked="" 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 4-11-70	Date Compl. Ready to Prod. 5-11-70	Total Depth 3930		P.B.T.D. 3850					
Elevations (DF, RKB, RT, GR, etc.) 3570 GR.	Name of Producing Formation 7 Rivers, Green	Top Oil/Gas Pay 3611		Tubing Depth 3750					
Perforations 3611-3802				Depth Casing Shoe 3925					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 3		DEPTH SET 329 3925 3750		SACKS CEMENT 250 300				

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 5-11-70	Date of Test 5-11-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 72	Water - Bbls. 0	Gas - MCF 260

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.



H.G. Freedman
(Signature)

Prod. Engr.
(Title)

5-12-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 14 1970**, 19

BY 

TITLE **SUPERVISOR DISTRICT**

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.

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MAY 13 1970

CONSERVATION COMM.
BOBBS, N. H.