

REQUEST FOR ALLOWABLE
AND
AL ORIZATION TO TRANSPORT OIL AND NATURAL GAS

Fr E		
G.S.		
ID OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
 Address Wilson Oil Company
Box 457 Artesia, N.M. 88210
 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)
Well has been awaiting
Casinghead gas market
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Amerada-st 2 Well No. Wilson Pool Name, including Formation V-7R Kind of Lease State Lease No. B6717
 Location Unit Letter G ; 1980 Feet From The N Line and 1980 Feet From The W
 Line of Section 13 Township 21S Range 34E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Previously Authorized Tex-N. Mex. PL Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Llano Pipe Line Broadmor Ctr. Hobbs N.M. 8824 Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit E Sec. 13 Twp. 21 Rge. 34 Is gas actually connected? No When _____

If this production is commingled with that from any other lease or pool, give commingling order number: 1/1

IV. 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 9-24-41 Date Compl. Ready to Prod. 12-4-41 Total Depth 3829 P.B.T.D. 3600
 Elevations (DF, RKB, RT, GR, etc.) 3661 Gr Name of Producing Formation Vates Top Oil/Gas Pay 3490 Tubing Depth 3485
 Perforations Open Hole Depth Casing Shoe _____
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____
Previously Reported

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 3-5-75 Date of Test 3-5-75 Producing Method (Flow, pump, gas lift, etc.) Flow
 Length of Test 24 Tubing Pressure 195 Casing Pressure 425 Choke Size 1/2"
 Actual Prod. During Test 1.5 Oil-Bbls. 1.5 Water-Bbls. 0 Gas-MCF 1330

GAS WELL
 Actual Prod. Test-MCF/D 1330 Length of Test 24 Bbls. Condensate/MMCF 1.5 Gravity of Condensate 36
 Testing Method (pitot, back pr.) Back Press Tubing Pressure (Shut-in) 685 Casing Pressure (Shut-in) 685 Choke Size 1/2"

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.
N. R. Lamb
 (Signature)
V. President
 (Title)
3-7-75
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAY 5 1975, 19____
 BY [Signature]
 TITLE SUPERVISOR DISTRICT I
 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.

RECEIVED

MAR 1 1975

OIL CONSERVATION COMM.
WASHINGTON, D. C.