

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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

I. Operator
Address
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)
If change of ownership give name and address of previous owner

Wilson Oil Company

Box 457 Artesia, N.M. 88210

Well has been awaiting
Casinghead gas market

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Amerada-st	2	Wilson V-7R	State, Federal or Fee State	B6717
Location	Unit Letter	Feet From The	Line and	Feet From The
	G	1980	N	1980
				Lea
Line of Section	Township	Range	NMPM,	County
13	21S	34E		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Previously Authorized	Tex-N. Mex. PL					
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)					
Llano Pipe Line	Broadman Ctr. Hobbs N.M. 8824					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	13	21	34	No	

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 Res'v.	Diff. Res'v.
	V			V		V	V	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-24-41	12-4-41	3829	3600					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3661 Gr	Vates	3490	3485					
Perforations	Depth Casing Shoe							
Open Hole								
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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-5-75	3-5-75	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	195	425	1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
1.5	1.5	0	1330

GAS WELL

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