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

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. COMPANY	
Name <u>Wilson Oil Company</u>	
Address <u>P. O. Box 1297, Santa Fe, New Mexico</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
Draw Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Refracturing <input type="checkbox"/>	Oil <input type="checkbox"/>
Transportation <input type="checkbox"/>	Casinghead Gas <input checked="" 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 <u>Wilson State Property 2</u>	Well No. <u>30</u>	Pool Name, Including Formation <u>Wilson Yates Seven Rivers</u>	Kind of Lease <u>State</u>
Location			
Section <u>K</u>	Feet From The <u>South</u>	Line and <u>1650</u>	Feet From The <u>West</u>
Line of Section <u>24</u>	Township <u>21</u>	Range <u>34</u>	County <u>Lea</u>

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)
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)
<u>Phillips Petroleum Company</u>		<u>Adams Building, Bartlesville, Oklahoma</u>
If well produces oil or liquids, give location of tanks.	Unit <u>Sec. 24</u>	When <u>May 27, 1965</u>
	Is gas actually connected? <u>Yes</u>	

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded <u>10-14-48</u>	Date Compl. Ready to Prod. <u>5-11-64</u>	Total Depth <u>3838'</u>	P.B.T.D. <u>3640'</u>					
Pool <u>Wilson Yates Seven Rivers</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>3482'</u>	Tubing Depth <u>3425'</u>					
Perforations <u>3482-85', 3506-10', 3520-22', 3529-31', 3546-47', 3552-54', 3567-73', 3597-99', 3637-39'</u>		Depth Casing Shoe <u>3650'</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Raymond Kan
(Signature)
Vice President
(Title)
June 15, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 Sections I, II, III, and VI only 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.