

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office with Form M-108 as a permit. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico

11-6-59

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Wilson Oil Company

State F

Well No. 1, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

P

Sec. 19

T. 21E

R. 35E

NMPM,

Wilson

Pool

Unit Letter

Lea

County. Date Spudded. 9-1-59

Date Drilling Completed 9-13-59

Please indicate location:

Elevation 3662 DF

Total Depth 4015 PBDT

Top Oil/Gas Pay 3790

Name of Prod. Form. Yates-Seven Rivers

PRODUCING INTERVAL - 3 jets and 4 bullets per foot

Perforations 3790-91, 3795-96, 3803-04, 3814-15

Open Hole Depth Casing Shoe 3891 Depth Tubing 3740

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 9 bbls. oil, 10 bbls. water in 24 hrs, _____ min. Choke Size 2"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): Frac with 68,000 pounds sand and 58,800 gallons water

Casing Tubing Date first new Press. 2200 Press. oil run to tanks 9-20-59

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter

Remarks: Completion test by swabbing. Now installing pumping unit.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 1959

Wilson Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)

Title Vice President

Send Communications regarding well to:

Name Raymond Lamb

Address Box 1436, Artesia, N.M.

By: _____

Title _____