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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

Operator Wilson Oil Company	
Address 206 Booker Bldg., Artesia, N.Mex. 88210	
Reason(s) for filing (Check proper box)	Other (Please explain) Request 500 bbl. testing allowable
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Leonard-State	Well No. 1	Pool Name, Including Formation Wilson-Bone Springs	Kind of Lease State, Federal or Fee	Lease No. E 5890
Location Unit Letter <u>K</u> , <u>1847</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>19</u> Township <u>21 S</u> Range <u>35 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.Mex. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 K	Sec. 19	Twp. 21 S	Pge. 35 E	Is gas actually connected? Yes	When Aug. 1967

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	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 1-9-67	Date Compl. Ready to Prod. 7-7-67	Retest 8-27-79	Total Depth 12,828'	P.B.T.D. 12,355'				
Elevations (DF, RKB, RT, GR, etc.) RKB 3666' GR 3645'	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9,410'	Tubing Depth 9,404'				
Perforations 9,410 to 9,416'	17 holes			Depth Casing Shoe 12,828'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
(1) 17-1/2"	((1) 13-3/8" (5) 2-3/8")	(1) 377' (5) 9,404'	(1) 350
(2) 12-1/4"	((2) 9-5/8")	(2) 5,575'	(2) 620
(3) 8-3/4"	((3) 7")	(3) 11,611'	(3) 750
(4) 6"	((4) 5" liner	(4) 11,203 to 12,828'	(4) 220

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 Entered Tank 7-10-67 8-27-79	Date of Test 7-10-67 to 7-11-67	Producing Method (Flow, pump, gas lift, etc.) Flow & Swab	
Length of Test 5 hrs.	Tubing Pressure 10 psig	Casing Pressure 0 psig	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 100	Water-Bbls. 0	Gas-MCF 59 (est)

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.

Wilson Oil Company

N. R. Lamb
(Signature)
Vice President

8-27-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

AUG 29 1979
Geologist
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.

