

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND 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-1
Effective 1-1-65

State Lease Numbers
B-6717-4, B-1167-3 & 5
B-6807-2, B-8521-2

I. Operator
Dorchester Exploration, Inc.
Address
1100 Midland National Bank Tower, Midland, Texas 79701
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)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-1-78
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE Wilson - Strawn R-5781
Lease Name Wilson State Com. Well No. 1 Pool Name, Including Formation Undesignated Strawn Oil Kind of Lease State, Federal or Fee State Lease No. **
Location
Unit Letter I 1980 Feet From The South Line and 990 Feet From The East
Line of Section 13 Township 21-S Range 34-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corp. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)
Phillips Bldg. Odessa, Texas 79761
If well produces oil or liquids, give location of tanks. Unit I Sec. 13 Twp. 21-S Rge. 34-E Is gas actually connected? No When

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. ☒
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
5-23-78 12,591 11,965
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
3651 GL Strawn (oil) 11,140 11,086
Perforations Depth Casing Shoe
11,156-11,344 12,416
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 13 3/8 510 500
12 1/4 9 5/8 5505 500
8 1/2 5 1/2 12416 500
5 1/2 2 3/8 11086

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.)
5-24-78 5-24-78 Flow
Length of Test Tubing Pressure Casing Pressure Choke Size
24 hrs. 540 Pkr. 17/64
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
264 Trace 320.6

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.
Joe Bates
(Signature)
Joe Bates
Proration Administrator
(Title)
6-14-78
(Date)
OIL CONSERVATION COMMISSION
APPROVED John W. Runyan, 19
BY John W. Runyan
TITLE 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 Form C-104 must be filed for each well to maintain