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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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-111
Effective 1-1-65

*State Lease Numbers
B-6717-4 B-1167-3 & 5 B-6807-2 B-8251-2

Operator Dorchester Exploration, Inc.	
Address 1204 Vaughn Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilson State Com.	Well No. 1	Pool Name, Including Formation Undesignated (Morrow) <i>Wilson-Pennsylvanian Gas</i>	Kind of Lease State, Federal or Fee	Lease No. *See above
Location Unit Letter: <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>21S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	Box 1183, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	Box 1384, Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	13	21S	34E	Yes	2-21-74

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 Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 11-23-73	Date Compl. Ready to Prod. 2-8-74		Total Depth 12,591		P.B.T.D. 12,204			
Elevations (DF, RKB, RT, GR, etc.) 3651 GR 3667 KB	Name of Producing Formation Morrow		Top Oil/Gas Pay 12,100		Tubing Depth 11,964			
Perforations 12,100-12,109 Schlumberger Log depth				Depth Casing Shoe 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			
	2		11964					

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)

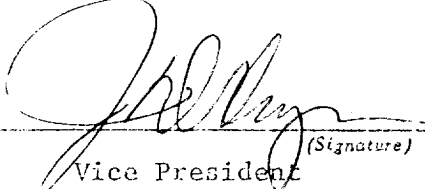
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

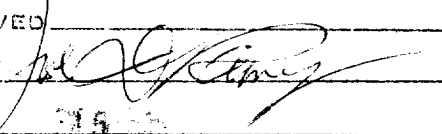
Actual Prod. Test-MCF/D 5900 MCF/D	Length of Test 4 Hr.	Bbls. Condensate/MMCF 12	Gravity of Condensate 60
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 3250	Casing Pressure (Shut-in) Packer	Choke Size 24/64

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.


Vice President
(Signature)
(Title)
2-22-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE 319

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 allowables 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.