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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

DUPLICATE

I. Operator
Wolfson Oil Co.
Address
3206 Republic National Bank Tower Dallas, Texas
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)
well was originally the Sonoe Grizzell No. 2
If change of ownership give name and address of previous owner
Schio Petroleum Corp. Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grizzell	Well No. 2	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 440 Feet From The South Line and 380 Feet From The East Line of Section 5 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil	Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) El Paso New Mexico					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 22S	Rge. 37E	Is gas actually connected? No	When 10 days

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-19-66	Date Compl. Ready to Prod. 8-24	Total Depth 6540	P.B.T.D. 6160H					
Elevations (DF, RKB, RT, GR, etc.) 3436 RT	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6312	Tubing Depth 6300					
Perforations 6312, 21, 29, 30, 49, 57, 58, 61, 83, 85, 92, 6401, 13, 17, 25, 26			Depth Casing Shoe 6484					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 3/8	13 3/8		160		Unknown			
11	8 5/8		2900		Unknown			
7 7/8	5 1/2		6484		Unknown (originally drilled by Kenrose)			

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 8-24	Date of Test 8-24	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 250	Casing Pressure 1 kr.	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 5	Gas - MCF 200

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.

RB Friedman
(Signature)

Prod. Engr.
(Title)

9-13-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 15 1966**, 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 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.