

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRORATION OFFICE		<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HUBBARD O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 28 11 34 PM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
WOLFSON OIL COMPANY
Address
3206 Republic National Bank Tower, Dallas, Texas
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **James Norman Morris, P. O. Box 781, Roswell, New Mexico 88201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas Long	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Free Fee
Location Unit Letter N 330 Feet From The South Line and 2310 Feet From The West Line of Section 11 , Township 22 South Range 37 East , 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2099, Houston, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks. N 11 22S 37E	Unit 11	Sec. 22S
	Twp. 37E	Rge. Yes
	Is gas actually connected? Yes	When Aug. 1, 1966

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) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'y. <input type="checkbox"/> Diff. Res'y. <input type="checkbox"/>		
Date Spudded May 25, 1949	Date Compl. Ready to Prod. July 19, 1940	Total Depth 6487'	F.B.T.D.
Pool 3356	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6410'	Timing Depth 6471'
Perforations Open Hole		Depth Casing Shoe 6402'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/18	280	120
	8 5/8	2790	1000
	5 1/2	6100	600
	2"	6471	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

WOLFSON OIL COMPANY BY:
(Signature)
Office Manager
(Title)

December 22, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 Sections I, II, III, and VI only 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