

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE FEE O.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	X
	GAS	X
OPERATOR		
PRORATION OFFICE		

I.

Operator Wolfson Oil Company	
Address 3206 Republic National Bank Tower, Dallas, Texas	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas Long	Well No. 2	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee
Location: Unit Letter N , 330 Feet From The South Line and 330 Feet From The West Line of Section 11 , Township 22S Range 37 East , North , Lon 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"/> Shelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1540, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 22S	Rge. 37E	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)		Oil Well	Gas Well	New Well	Workover	Deepen	Plur Back	Same Res'v.	Diff. Res'v.
Date Spudded Aug., 17, 1949	Date Compl. Ready to Prod. 9/30/49	Total Depth 6487'		B.F.T.D.					
Pool Drinkard	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6410		Tubing Depth 6471					
Perforations Open Hole				Depth Casing Shoe 6412					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		13 3/8		259		290			
		8 5/8		2770		1300			
		5 1/2		6410		600			
		2"							

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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

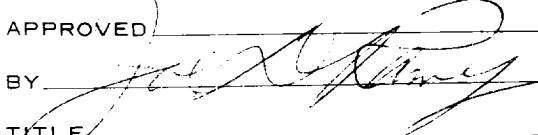
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

WOLFSON OIL COMPANY BY:


(Signature)
Office Manager

August 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