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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 OIL AND NATURAL GAS  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 20 11 35 PM '66

I. Operator James Norman Morris, P. O. Box 781, Roswell, N. M.

Address 3206 Republic National Bank Tower, Dallas, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: ☐ ☐ Dry Gas ☐

Recompletion ☐ ☐ ☐ ☐ ☐

Change in ownership ☒ ☐ ☐ ☐ ☐

If change of ownership give name and address of previous owner James Norman Morris, P. O. Box 781, Roswell, N. M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>Thomas Long</u>	<u>4</u>	<u>Drinkard</u>	<u>State, Federal or Free</u>
Location			<u>Fee</u>
Unit Letter <u>L</u>	<u>1650</u>	Feet From Top <u>South</u>	Line and <u>990</u>
		Feet From The <u>West</u>	
Range <u>11</u>	Township <u>22 South</u>	Range <u>37 East</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Oil Company</u>	<u>P. O. Box 2099, Houston, Texas</u>
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Skelly Oil Company</u>	<u>P. O. Box 1650, Tulsa, Oklahoma</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>N 11 22S 37E</u>	<u>Yes August 1, 1966</u>

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'y. <input type="checkbox"/> Diff. Rest'y. <input type="checkbox"/>		
Date Spudded <u>12/21/1949</u>	Date Compl. Ready to Prod. <u>February 5, 1950</u>	Total Depth <u>6459</u>	Perforations <u>Open Hole</u>
Pool <u>Drinkard</u>	Name of Producing Formation <u>Drinkard</u>	Top Oil/Gas Pay <u>6421</u>	Timing Depth <u>6443</u>
		Depth Casing Shoe <u>6421</u>	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>13 5/8</u>	<u>270</u>	<u>300</u>
	<u>8 5/8</u>	<u>2788</u>	<u>1250</u>
	<u>5 1/2</u>	<u>6421</u>	<u>550</u>
	<u>2"</u>	<u>6443</u>	

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	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:

J. L. Carter, Jr.  
(Signature)

Office Manager

December 22, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY J. L. Carter, Jr.

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