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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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EW MEXICO OIL CONSERVATION COMMISSI

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

I.

Operator

Wolfson Oil Company

Address

3206 Republic Bank Tower   Dallas, Texas

Reason(s) for filing *(Check proper box)*

New Well [X]

Recompletion [ ]

Change in Ownership [ ]

Change in Transporter of:

Oil [ ]   Dry Gas [ ]

Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)*

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Parks	8	Drinkard	State, Federal or Fee **Fee**	

Location

Unit Letter **J** ; **1980** Feet From The **South** Line and **1980** Feet From The **East**

Line of Section **14** Township **22S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Permian	Midland, Texas
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural	Midland, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	14	22S	37E	Yes	July, 1972

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 Res'v.	Diff. Res'v.
			X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-24-72	10-2-72	6500	6493

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3331 GR	Drinkard	6246	6250

Perforations			Depth Casing Shoe
6246-6382			6500

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12	8 5/8	1095	500
7 7/8	5½	6500	200
	2	6250	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
897	24	6	50
Testing Method *(pitot, back pr.)*	Tubing Pressure **(shut-in)**	Casing Pressure **(shut-in)**	Choke Size
Orifice meter	1230	800	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.

_____
J.J. Freedman (Signature)

Prod. Engr.
(Title)

10-5-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___OCT 10 1972___ , 19___

BY _____

TITLE ___SUPERVISOR DISTRICT I___

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.