

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JUN 4 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator J. C. WILLIAMSON		Well API No. 30-015-21877
Address P.O. BOX 16 MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name ROSS DRAW UNIT	Well No. 5-1	Pool Name, Including Formation Ross Draw Delaware	Kind of Lease State, Federal or Fee ----	Lease No. NM-11042
Location Unit Letter "K" : 1980' Feet From The South Line and 1980' Feet From The West Line Section 27 Township 26S Range 30E , NMPM , Eddy 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit "C"	Sec. 34	Twp. 26	Rge. 30	Is gas actually connected? yes	When? 05-07-93

If this production is commingled with that from any other lease or pool, give commingling order number: **n/a**

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 PB-03-30-93	Date Compl. Ready to Prod. 05-07-93	Total Depth 9052'	P.B.T.D. 8054'					
Elevations (DF, RKB, RT, GR, etc.) 2996.0' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5869'	Tubing Depth 5601'					
Perforations 5869-5959'	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	800'	circ. to surface					
12-1/2" - 11'	7-5/8"	8235'	100sx (t/c 5400')					
	2-7/8"	5601'						

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 Tank 05-07-93	Date of Test 05-20-93	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size full
Actual Prod. During Test	Oil - Bbls. 47	Water - Bbls. 237	Gas - MCF 53

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Jan Pfisterfor/R. E. Williamson Engineer
Printed Name
06-01-93 (915) 682-1797
Date
Telephone No.

OIL CONSERVATION DIVISION

JUN 11 1993

Date Approved

By **ORIGINAL SIGNED BY**

MIKE WILLIAMS

Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.