STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.D.S.		
LAND OFFICE		
TRANSPORTER OIL	✓	
GAS	✓	
OPERATOR		
PRORATION OFFICE	✓	

Operator

J.C. WILLIAMSON

Address

P.O. BOX 16   MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

[X] New Well

[ ] Recompletion

[ ] Change in Ownership

Change in Transporter of:

[ ] Oil

[ ] Casinghead Gas

[ ] Dry Gas

[ ] Condensate

Other (Please explain)

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MWJ FEDERAL	4	BRUSHY DRAW DELAWARE	State, Federal or Fee FEDERAL	NM-20367

Unit Letter __B__ : __467__ Feet From The __North__ Line and __1650__ Feet From The __East__

Line of Section __35__ Township __26__ Range __29__ , NMPM, __EDDY__ County

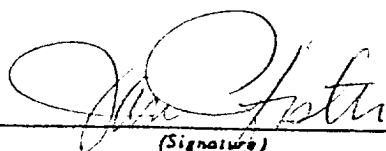## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]

NAVAJO REFINING COMPANY

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 159   ARTESIA, NEW MEXICO 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]

CONOCO INC.

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1267   PONCA CITY, OK 74603

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.
A	35	26	29

Is gas actually connected? Yes   When 5-1-85

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Post ID 2
5-24-85
Comp + B?
Comp

NOTE: Complete Parts IV and V on reverse side if necessary.

III. 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 is true and complete to the best of my knowledge and belief.

_____(Signature)_____

Production
(Title)

May 8, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED ___MAY 23 1985___ , 19 ___

BY _____ ORIGINAL SIGNED
BY LARRY BROOKS

TITLE _____ GEOLOGIST, NMOCD

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.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded 2-14-85	Date Compl. Ready to Prod. 5-1-85	Total Depth 3605'	P.B.T.D. 3565'
Elevations (DF, RKB, RT, GR, etc.) 2896.2 GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 2962'	Tubing Depth 2850'

Perforations 3479-3483', 3370-3394', 3154-3201', 2962-2997'	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-1/2"	10-3/4"	358'	250 sx
10"	8-5/8"	1356'	not cemented
8"	7"	2887'	150 sx
6-1/4"	4-1/2"	3605'	150 sx
	2-3/8"	2850'	

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 5-1-85	Date of Test 5-1-85	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hrs	Tubing Pressure 250	Casing Pressure -0-	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 197	Gas - MCF 83

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