

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator J.C. Williamson

Address P.O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box) New Well 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 <u>SunEx Federal Unit</u>	Well No. <u>2</u>	Pool/Name, including Formation <u>North Ross, East Brushy Draw Delaware</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM-24777</u>
Unit Letter <u>M</u> : <u>990</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u>				
Line of Section <u>14</u> Township <u>26-South</u> Range <u>30-East</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1267 Ponca City, OK 74603</u> <i>Part ID-2</i>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>15</u> Twp. <u>16</u> Rge. <u>30</u>	Is gas actually connected? <u>yes</u> When <u>2-1-87</u> <i>2-22-87 Comp. BK</i>

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

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

VI. 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.

Jan Foster
(Signature)
Production
(Title)
02-20-87
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 26 1987, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 allowables 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. Re
Date Spudded 12-13-86	Date Compl. Ready to Prod. 02-01-87		Total Depth 6250'			P.B.T.D. 6211'			
Elevations (DF, RKB, RT, GR, etc.) 3152.0' GR	Name of Producing Formation Lower Delaware		Top Oil/Gas Pay 5793'			Tubing Depth 5710'			
Perforations 5793-5841'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		800'		800 sx			
11"		8-5/8"		3507'		250 sx			
7-7/8"		5-1/2"		6250'		500 sx			
		2-7/8"		5710'					

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 of oil well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 02-01-87	Date of Test 02-01-87	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 27	Oil - Bbls. 53	Water - Bbls. 295	Gas - MCF 53	

GAS WELL

GOR: 1963/1

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