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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL GAS

OPERATOR

PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION **Form C-104**
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 13 10 49 AM '65

I.

NAME: **WILLIAMSON PETROLEUM COMPANY**

ADDRESS: **BOX 16, MIDLAND, TEXAS**

Reasons for filing (Check proper box)

New Area Change in Transporter of: Oil Dry Gas

Transporter Change in Producer of: Oil Dry Gas

Transporter Change in Producer of: Oil Dry Gas

Other (Please explain): **AMENDED TO SHOW SERVICE PIPE LINE COMPANY INSTEAD OF PAN AMERICAN PETROLEUM CORPORATION AS TRANSPORTER OF OIL**

If change of ownership give name and address of previous owner: **KINGREA, PENDLETON & REISER, 608 V&J TOWER, MIDLAND, TEXAS**

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease
LOWE	1	SOUTHWEST GLADIOLA DEVONIAN	State, Federal or Fee FEE
Location: A 554 Feet From The NORTH Line and 554 Feet From The EAST			
Section 34 , Township 12-S , Range 37-E , LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)
SERVICE PIPE LINE COMPANY	3411 KNOXVILLE AVE., LUBBOCK, TEXAS 79413
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)
SINCLAIR OIL & GAS COMPANY	Box 1539, TULSA, OKLAHOMA 74102
If well is new oil or if pool, give date of first production	Is gas actually connected? When
A 34 12-S 37-E	Yes February, 1965

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'tv.	Diff. Res'tv.
<input checked="" type="checkbox"/>								
Date Started	Date Compl. Ready to Prod.	Total Depth	F.R.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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)

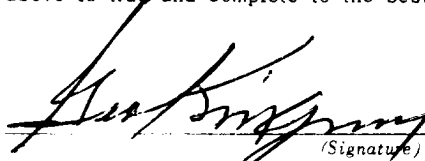
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Details of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


 Agent
 (Title)
 December 9, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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