

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
Operator W. K. Byrom					
Address Box 147 - Hobbs, N. M. 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>		Change in Transporter of:			
Recompletion <input checked="" type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name J. H. Williams B		Well No. 1	Pool Name, including Formation Eunice-Monument G-SA		Kind of Lease State, Federal or Fee Fee
Location					
Unit Letter P ; 330 Feet From The South Line and 840 Feet From The East					
Line of Section 33 , Township 19S Range 37E , NMPM, Lea County					
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)		
Shell Pipe Line Co.			Box 1910 - Midland, Texas 79701		
Name of Authorized Transporter of Casinghead 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)		
El Paso Natural Gas Co.			Box 1384 - Jal, New Mexico 88252		
If well produces oil or liquids, give location of tanks.			Unit J	Sec. 33	Twp. 19S
			Rge. 37E	Is gas actually connected? No	
			When 30 to 60 days		
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover X
		Deepen	Plug Back X	Same Res'v. X	Diff. Res'v. X
Date Spudded 10-29-75		Date Compl. Ready to Prod. 11-3-75		Total Depth 3900	
Pool Eunice-Monument G-SA		Name of Producing Formation Grayburg		P.B.T.D. 3802	
Perforations 3796, 3789, 3769, 3758, 3750, 3743, 3721, 3692 & 3684 2 shot/int		Top Oil/Gas Pay 3684		Tubing Depth 3756	
				Depth Casing Shoe 3811	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12 1/2		8-5/8		302	
7-7.8		5 1/2		3811	
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 11-1-75		Date of Test 11-3-75		Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs		Tubing Pressure 100 psi		Casing Pressure none	Choke Size 32/64
Actual Prod. During Test		Oil-Bbls. 11		Water-Bbls. 12	Gas-MCF 38.0
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure	
				Gravity of Condensate	
				Choke Size	
VI. CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19____					
BY _____ Orig. Signer John Rumpel Geologist					
TITLE _____					
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.					
C. W. Byrom (Signature) Geologist 11-6-75 (Date)					
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 completed wells.					