

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Ralph E. Williamson	Well API No. 30-025-25685
Address P. O. Drawer 994, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
<input type="checkbox"/> Other (Please explain) to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR BY THIS OFFICE.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco 26 Federal	Well No. 1	Pool Name, Including Formation 10/1/91 Wildcat East El Mar Delaware	Kind of Lease State, Federal or Fee xxx xxx x	Lease No. NM-84897
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>26 South</u> Range <u>33 East</u> , NMPM, 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>26</u>	Twp. <u>26 S</u>	Rge. <u>33 E</u>
Is gas actually connected? <input type="checkbox"/> When? <input type="checkbox"/>				

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>3-15-91</u>	Date Compl. Ready to Prod. <u>5-1-90</u>		Total Depth <u>8451'</u>		P.B.T.D. <u>5654'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3328.7 GR</u>	Name of Producing Formation <u>Olds Sand (del)</u>		Top Oil/Gas Pay <u>5221</u>		Tubing Depth <u>5100</u>			
Perforations <u>5221-5229' 8 holes .40"</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 2/4"</u>	<u>8 5/8"</u>		<u>615'</u>		<u>Circ to Surf</u>			
<u>7 7/8"</u>	<u>7"</u>		<u>5203'</u>		<u>1200 Sacks</u>			
<u>6 1/4"</u>	<u>4 1/2"</u>		<u>5654'</u>		<u>200 Sacks</u>			
	<u>2 3/8"</u>		<u>5100'</u>					

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 <u>5-1-91</u>	Date of Test <u>5-3-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>35#</u>	Casing Pressure <u>35#</u>	Choke Size <u>14/64</u>
Actual Prod. During Test <u>120</u>	Oil - Bbla. <u>41</u>	Water - Bbls. <u>79</u>	Gas- MCF <u>67</u>

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.

Kala Schmidt
 Signature
 Kala Schmidt Agent
 Printed Name
 5-20-91 Title
 Date 915-683-2200
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1991

By _____
 Title _____

- 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.