

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-101 and C-110
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator _____

Address W. K. Byrom

Box 147 - Hobbs, N. M. 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change name of lease from Williams #1 in Eumont Field to J. H. Williams B #4 in Eunice-Monument Grayburg San Andres.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <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"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. H. Williams B</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Eunice Monument Grayburg SA</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>B</u>	<u>990</u>	Feet From The <u>North</u>	Line and <u>1650</u>	Feet From The <u>East</u>
Line of Section <u>33</u>	Township <u>19S</u>	Range <u>37E</u>	, NMPM, <u>Lea</u> 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)
<u>Shell Pipe Line Co.</u>	<u>Box 1910 - Midland, Texas 79701</u>
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)
<u>El Paso Natural Gas Co.</u>	<u>Box 1384 - Jalisco, New Mexico 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>J 33 19S 37E</u>	<u>yes 5-12-76</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>5-11-80</u>	Date Compl. Ready to Prod. <u>7-19-80</u>	Total Depth <u>3880</u>	P.B.T.D. <u>3800</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3578GR</u>	Name of Producing Formation <u>Grayburg</u>	Top Oil/Gas Pay <u>3675</u>	Tubing Depth <u>3792</u>					
Perforations <u>3692, 3707, 26, 38, 52, 56, 70, 83, 88 & 3796 one shot/int.</u>	Depth Casing Shoe <u>3880</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8-5/8</u>	<u>215</u>	<u>150</u>
<u>7-7/8</u>	<u>5 1/2</u>	<u>3498</u>	<u>1200</u>
<u>4-3/4</u>	<u>4 1/2</u>	<u>3880</u>	<u>75</u>

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 <u>7-19-80</u>	Date of Test <u>7-22-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>50</u>	Casing Pressure <u>50</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>55</u>	Oil-Bbls. <u>25</u>	Water-Bbls. <u>30</u>	Gas-MCF <u>30,000</u>

GAS WELL

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

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.

C. W. Byrom
Geologist

7-24-80

OIL CONSERVATION COMMISSION

APPROVED JUL 25 1980, 19____

BY [Signature]
TITLE **SUPERVISOR DISTRICT I**

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 gas vesica tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable or non-allowable production.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.