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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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DEC 5 1975

Operator J. C. Williamson & D. W. Underwood et al ✓		O. C. C. ARTERIA, OFFICE	
Address 626 Vaughn Building, Midland, TX 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Re-entry	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Williamson Federal	Well No. 21	Pool Name/Including Formation East Dutton Flat Shallow	Kind of Lease State, Federal or Fee Federal	Lease No. 0556290
Location Unit Letter J; 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 9 Township 20S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 5122, Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? Yes
				When 11-26-75

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8/13/75	Date Compl. Ready to Prod. 10/14/75	Total Depth 11,672	P.B.T.D. 11,670					
Elevations (DF, RKB, RT, GR, etc.) 3280.7 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,460	Tubing Depth 11,425					
Perforations 11,604 to 11,616 - 11,539 to 11,551 - 11,460 to 11,508			Depth Casing Shoe 11,670					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		644		650			
12 1/4	8 5/8		3210		50-50 Posmox & 200 Class C			
7 7/8	5 1/2		11670		200 Class C			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 7192	Length of Test 24 hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 3230	Casing Pressure (Shut-in) 0	Choke Size 1/8 - 7/32

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.

Dec Ann Percefull  
(Signature)  
Agent  
(Title)  
12/1/75  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 8 1975  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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 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.