

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

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

Operator J. C. Williamson & D. W. Underwood <i>et al</i>	
Address P.O. Box 16, Midland, TX 79701	
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"/>
RECEIVED OCT 28 1976	

If change of ownership give name and address of previous owner P-5407 4-26-77 East Burton Flat Aotoka **O. C. C. ARTERIA OFFICE**

DESCRIPTION OF WELL AND LEASE				
Lease Name Williamson Federal	Well No. 1	Pool Name, including Formation East Burton Flat Aotoka	Kind of Lease State, Federal or Fee Federal	Lease No. 0556290
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 of Section <u>9</u> Township <u>20S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5122, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1942, El Paso, TX 79978 <u>Tal, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9	Twp. 20S	Rge. 29E	Is gas actually connected? Yes	When 11-26-75 <u>10-15-76</u>

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'v.	Diff. Res'v.
		X				X		X
Date Spudded 8/13/75	Date Compl. Ready to Prod. 10/15/76	Total Depth 11,672	P.B.T.D. 10,990					
Elevations (DF, RKB, RT, GR, etc.) 3280.7 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 10.925	Tubing Depth 10,891					
Perforations 10,927 - 29 - 31 3 holes			Depth Casing Shoe 11670					
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 psomox & 200 Class C					
7 7/8	5 1/2	11670	200 sx. Class C					
		2 3/8	10891					

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
			POSTED ID 2 29-76

GAS WELL			
Actual Prod. Test-MCF/D 2,000,000	Length of Test 16 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Meter	Tubing Pressure (Shut-in) 3430#	Casing Pressure (Shut-in) Pkr.	Choke Size 3/8

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED OCT 29 1976	
<u>Linda Hartow</u> (Signature)		BY <u>W. A. Gressett</u>	
<u>Agent</u> (Title)		TITLE <u>SUPERVISOR, DISTRICT II</u>	
<u>10-27-76</u> (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 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.	