

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

Santa Fe	
File	
Transporter	Oil <input checked="" type="checkbox"/>
Operator	Gas <input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator J.C. Williamson	Well API No. 30-015-21360
Address P.O. Box 16 Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Plug-Back Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name T.O.G. Federal	Well No. 3	Pool Name, Including Formation East Burton Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-0554771
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 16 Township 20-S Range 29-E, NMPM, Eddy 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"/> <del>Enbridge Inc.</del> NRC	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Delaware Natural Gas Company, Inc.	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville Rd. #215 Austin, Tx 78759
If well produces oil or liquids, give location of tanks. Unit I Sec. 16 Twp. 20 Rge. 29	Is gas actually connected? <input checked="" type="checkbox"/> When? 6-8-89

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 checked="" type="checkbox"/>	Date Spudded 05/10/89	Date Compl. Ready to Prod. 05/17/89	Total Depth 5103'	P.B.T.D. 5101'
Elevations (DF, RKB, RT, GR, etc.) 3272.5' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4311'	Tubing Depth 4264'	Depth Casing Shoe 4311-4370'
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE 15"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 500'	SACKS CEMENT circ w/650 sx	
12-1/4"	8-5/8"	3102'	circ w/1900 sx	
7-7/8"	5-1/2"	5102'	605 sx	
	2-7/8"	4264'		

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 05/17/89	Date of Test 05/17/89	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 0-250	Casing Pressure Pkr	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 121	Water - Bbls. 41	Gas - MCF 97

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Signature Jan Pfister  
Printed Name Jan Pfister Production Title  
Date 06/05/89 Telephone No. 915/682-1797

OIL CONSERVATION DIVISION

Date Approved JUN 14 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.