

OIL  
 GAS  
 OTHER

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
 REQUIRED FOR ALLOWABLE AHD

This Form is  
 Superseded by O.C. 101 and  
 102-103-104-105

RECEIVED

EXO Production Corp.  
 900 Wilco Bldg. Midland, TX. 79701

APR 27 '88

Changes (if) in filing (check proper box)  
 New Well  Changes in Transporter of: Oil  Dry Gas   
 Completion  Condensate Gas  Condensate  Other (Please explain) \_\_\_\_\_  
 Changes in Ownership  effective May 1, 1988

O. C. D. ARTESIA, OFFICE

Change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**  
 Well Name: Williamson Federal Well No.: 5 Field Name: Getty (Bone Spring) Kind of Lease: Federal  
 Location: Section 20-S Range 29-E Township 20-S Range 29-E Eddy County  
 Unit Letter: JB 1980 Feet From The South Line and 1980 Feet From The East

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
 JM Petroleum Corp. 2000 N. Tower LB 319 Dallas, TX. 75201  
 Name of Authorized Transporter of Condensate Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks: Unit J Sec. 9 Twp. 20-S Range 29-E Is gas actually connected? When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-In	Other
Date completed	None Complete, Ready to Produce		Total Depth			P.D.T.D.		
Revolutions (DR, WDR, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Fry			Taking Depth		
Perforations			Depth Casing Shoe					

**TUBING, CEMENT, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Perf ID-3 5-6-88 ch. LTI PER

**TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of test oil and must be equal to or exceed 100 gal. of oil well)

Date First New Oil Run To Tanks: \_\_\_\_\_ Date of Test: \_\_\_\_\_ Producing Method (Flow pump, gas lift, etc.): \_\_\_\_\_  
 Length of Test: \_\_\_\_\_ Working Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Actual Prod. During Test: \_\_\_\_\_ Oil-Water: \_\_\_\_\_ Water-Cuts: \_\_\_\_\_ Gas-MCF: \_\_\_\_\_

**AS WELL**  
 Actual Prod. Test-MCF/D: \_\_\_\_\_ Length of Test: \_\_\_\_\_ lbs. Condensate/MCF: \_\_\_\_\_ Gravity of Condensate: \_\_\_\_\_  
 Working Pressure (1,500-16"): \_\_\_\_\_ Casing Pressure (1,500-16"): \_\_\_\_\_ 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.  
 Julia Collier 4-18-88  
 Julia Collier  
 Engineer Asst.  
 4-12-88

OIL CONSERVATION COMMISSION  
 APPROVED APR 29 1988  
 Original Signed By  
 Mike Williams  
 Oil & Gas Inspector  
 This form is to be filed in compliance with Article 1104.  
 If this form is required for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the well test taken on the well to be authorized with 200 C.F.T.  
 All north and south of this form must be filled out and only the applicable north and south of this form.  
 Fill out only Sections I, II, III, and VI for changes of ownership name or number, or transporter, or other such change of condition.