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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	J. C. Williamson
Address	P. O. Box 16, Midland, Texas 79702
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Re-complete to oil well.	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Canter Federal	1	East Burton Flats Morrow	State, Federal or Fee Federal	NM-0556290
Location	Unit Letter 0 : 660' Feet From The S Line and 1980' Feet From The E			
Line of Section	Township	Range	NMPM,	Eddy County
10	20	29		

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

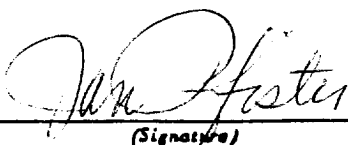
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	P. O. Box 2587 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips	970 Plaza Office Bldg. Bartlesville, OK 74004
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When
Unit 0 Sec. 10 Twp. 20 Rge. 29	NO Post ID-2

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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 is true and complete to the best of my knowledge and belief.



(Signature)

Production

(Title)

11-06-87

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 30 1987, 19

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X			X		X		X
Date Spudded 01-07-85	Date Compl. Ready to Prod. Re-10-26-87			Total Depth 11,645'			P.B.T.D. 6500'		
Elevations (DF, RKB, RT, GR, etc.) 3306.8 GR	Name of Producing Formation Bone Spring			Top Oil/Gas Pay 6042'			Tubing Depth 5880'		
Perforations 6042 - 6089' Re-perfed							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2"	13-3/8"	482'	800 sx Class "C"
11-3/4"	12-1/4"	1396'	300 sx Class "C"
8-5/8"	11"	2730'	150 sx Class "C"
7-7/8"	5-1/2"	11636'	2255 sx in 3 stages

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 10-26-87	Date of Test 11-05-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 300	Casing Pressure 100	Choke Size
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 119	Gas - MCF 159

GAS WELL

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