

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SEP 29 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Owner  
J.C. Williamson ✓

Address  
P.O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11/30/88  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name T.O.G. Federal	Well No. 2	Pool Name, Including Formation Und. East Burton Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0554771
Location Unit Letter "I" ; 1980' Feet From The South Line and 800' Feet From The East				
Line of Section 16 Township 20-S Range 29-E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

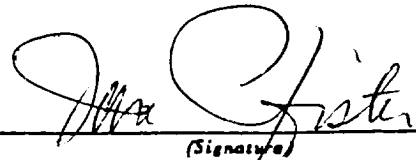
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-2 10-7-88 Camp & BK
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rgs. I 16 20 29
Is gas actually connected?	When No

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.

1. 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)

09-27-88

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 30 1988

BY Original Signed By

Mike Williams

TITLE

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 08-02-88	Date Compl. Ready to Prod. 09-25-88		Total Depth 6140'		P.B.T.D. 6095'				
Elevations (DF, RKB, RT, CR, etc.) 3275.7' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5618'		Tubing Depth 5503'				
Perforations 5618-5722'						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	127'	300sx Class "C"
14-1/2"	11-3/4"	1211'	850sx
11"	8-5/8"	2869'	500sx
7-7/8"	5-1/2"	6150'	
	2-7/8"	5503'	

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 09-25-88	Date of Test 09-25-88	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size full
Actual Prod. During Test	Oil - Bbls. 125	Water - Bbls. 135	Gas - MCF 94

#### 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