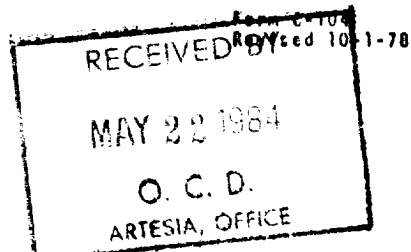


OIL CONSERVATION DIVISION

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



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	

Operator
J.C. Williamson ✓

Address
P.O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☒
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If 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.
Ross Draw Unit	2	Wildcat Delaware	State, Federal or Fee Federal	NM 0554774
Location				
Unit Letter	C	1980 Feet From The West	Line and 660	Feet From The North
Line of Section	34	Township	26	Range 30, NMPM, Eddy

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)
Navajo Refining Co.	P.O. Box 159 Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	#2 Petroleum Center, Suite 200 Midland, TX. 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 34 26 30	NO 6-22-84

If 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 ☐ Same Res'v. ☐ Diff. ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
2-22-84	3-6-84	3898'	3868'
Elevations (D.F., R.R.B., R.T., C.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2998.9 GR	Delaware	3816'	3768'
Perforations	Depth Casing Shoe		
3816' - 3822' (3 holes)	3898'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-1/4"	10-3/4"	720'	475 sx Class "C"
7-7/8"	5-1/2"	3585'	275 sx Class "C"
4-3/4"	3-1/2" liner	3490' - 3898'	60 sx Class "C"
2-3/8", 2-1/16" (3100-3800')			

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 able 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.)	
3-9-84	3-9-84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	150#	Packer	18/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
67	67	213	123

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

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)
Agent
(Title)
5-21-84
(Date)

OIL CONSERVATION DIVISION
MAY 23 1984
APPROVED _____, 19____
BY _____
Original Signed By
Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.