

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

MAR 15 1984

O. C. D.

ARTESIA, OFFICE

Operator  
J.C. Williamson ✓  
Address  
P.O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
PRODUCED AFTER 4-19-84  
UNLESS AN EXCEPTION FROM  
THE D.L.M. IS OBTAINEDIf change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Ross Draw	Well No. 9	Pool Name, Including Formation Ross Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0554774
Location Unit Letter C ; 910 Feet From The North Line and 1980 Feet From The West Line of Section 34 Township 26 Range 30 , 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267 Ponca City, OK 74603	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34
	Twp. 26	Rge. 30

If this production is commingled with that from any other lease or pool, give commingling order number: No

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. P. <input type="checkbox"/>
Date Spudded 1-30-84	Date Compl. Ready to Prod. 3-9-84		Total Depth 14,535'			P.B.T.D. 8550'		
Elevations (DF, RKB, RT, GR, etc.) 2998.5 GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 5853'			Tubing Depth 5815'		
Perforations 5853'-5969' 17 holes				Is gas actually connected? <input type="checkbox"/>			When	

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8"	350'	200 sx Class C w/2% CaCl
12 1/4"	9 5/8"	3429'	200 sx Class C
8 3/4"	7"	11,799'	870sx Trinity Lite 100sx Class H
	2 3/8" (Tbng)	5815'	

## 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)

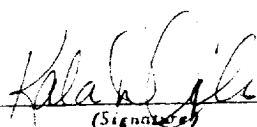
Date First New Oil Run To Tanks 3-9-84	Date of Test 3-9-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure None	Casing Pressure None	Choke Size Pump
Actual Prod. During Test 47 bbls	Oil-Bbls. 47 bbls	Water-Bbls. 135 bbls	Gas-MCF 53

## 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.



Agent

(Title)

3-13-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 19 1984, 19

Original Signed By  
Lestie 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 deepened well, this form must be accompanied by a tabulation of the devils 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.