

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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O. C. D.

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

REQUEST 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)

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

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EP-USA</u>	Well No. <u>2</u>	Pool Name, including Formation <u>BRUSHY DRAW DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM-13997</u>
Unit Letter <u>0</u>	<u>990</u>	Feet From The <u>South</u> Line and <u>1650</u>	Feet From The <u>East</u>	<u>Post ID-2</u>
Line of Section <u>26</u>	Township <u>26</u>	Range <u>29</u>	<u>EDDY</u>	<u>10-11-85</u>
				<u>camp.</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

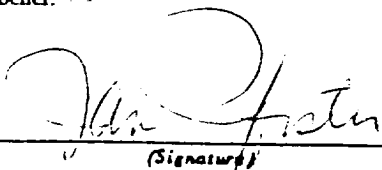
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 159 ARTESIA, NEW MEXICO 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONOCO INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1267 PONCA CITY, OK 74603</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>26</u> Twp. <u>26</u> Rge. <u>29</u>	<u>Yes</u> <u>9-23-85</u>

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

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

September 30, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 8 1985, 19

BY Original Signed By
Les A. Clements

TITLE Supervisor District II

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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X			X	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.			
10-29-81	Re(9-23-85)			4034'		3610'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
2890.5 GR	DELAWARE			2967'		2799'			
Perforations						Depth Casing Shoe			
2967-94'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	10-3/4"	437'	710 SX
10"	8-5/8"	831'	200 SX
8"	7"	2930'	400 SX
6-1/4"	4-1/2"	4034"	200 SX

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 9-23-85	Date of Test 9-23-85	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 hrs	Tubing Pressure 800	Casing Pressure 0	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 83	Gas - MCF 54

GOR 2000:1--

GAS WELL

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