

FEB 16 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA OFFICE

NO. OF COPIES RECEIVED	
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator: J. C. Williamson

Address: P. O. Box 16, Midland, Texas 79702

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

Other (Please specify): EXISTING WELL GAS TEST NOT BE FLAMED AFTER 3/21/81 UNLESS AN EXCEPTION IS OBTAINED FROM MMS

If change of ownership give name and address of previous owner \_\_\_\_\_

III. DESCRIPTION OF WELL AND LEASE 27301 4/14/83

Lease Name <u>UCBHW Federal</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 35607</u>
Location Unit Letter <u>M 4</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>26 South</u> Range <u>29 East</u> , NMPM, <u>Eddy</u> County				

IV. 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 Crude Oil Purchasing</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box Drawer 175, Artesia, New Mexico 88210</u>
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)
If well produces oil or liquids, give location of tanks. Unit <u>M 4</u> Sec. <u>25</u> Twp. <u>26</u> Rge. <u>29</u>	is gas actually connected? <u>n/a</u> When _____

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

V. 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. Res'v. <input type="checkbox"/>		
Date Spudded <u>9-14-82</u>	Date Compl. Ready to Prod. <u>10-27-82</u>	Total Depth <u>6285'</u>	P.B.T.D. <u>6243'</u>
Elevations (DF, RHE, RT, GR, etc.) <u>2918.5 GR</u>	Name of Producing Formation <u>CHERRY Brushy Canyon</u>	Top Oil/Gas Pay <u>5115'</u>	Tubing Depth <u>5050'</u>
Perforations <u>5117'-5161' = 17 holes</u>		Depth Casing Shoe <u>6285'</u>	

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>12 3/4"</u>	<u>358'</u>	<u>425 SX</u>
<u>11"</u>	<u>8 5/8"</u>	<u>2936'</u>	<u>150 SX</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>6285'</u>	<u>1375 SX</u>
	<u>2 3/8"</u>	<u>5050'</u>	

VI. 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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>11-02-82</u>	Date of Test <u>11-2-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0#</u>	Casing Pressure <u>50#</u>	Choke Size <u>Full</u>
Actual Prod. During Test <u>30 Bbls</u>	Oil-Bbls. <u>30 Bbls</u>	Water-Bbls. <u>90</u>	Gas-MCF <u>27</u>

GAS WELL

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

VII. 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]  
Production Secretary  
(Title)

02/15/83  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 18 1983, 19\_\_\_\_

Original Signed By  
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 deeper well, this form must be accompanied by a tabulation of the deviate 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 conditions.  
 Separate Forms C-104 must be filled for each pool in multiple completed wells.

OPERATOR J.-C. Williamson ✓ ADDRESS P. O. Box 16, Midland, TX 79702 **FEB 16 1983**LEASE NAME UCBHW Federal WELL NO. 2 FIELD O.C.D.  
~~ARTESA OFFICE~~LOCATION 1980'FSL & 660'FWL, Section 25, T-26-S, R-29-E, Eddy County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
358	1 3/4	10.93	10.93
850	1 1/2	12.88	23.81
1281	1 1/2	11.28	35.09
1571	1 1/4	6.33	41.42
2100	1 1/4	11.54	52.96
2539	3/4	5.75	58.71
3405	2 1/2	37.77	96.48
3866	1	8.05	104.53
4369	1 1/4	10.98	115.51
4869	1 1/4	10.91	126.42
5364	1	8.64	135.06
5868	1 1/4	11.00	146.06
5997	3/4	1.69	147.75
6270	1 1/2	7.15	154.90

RECEIVED

JAN 27 1983

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

LANDIS DRILLING COMPANY

