

OIL CONSERVATION DIVISION

FORM C-104
Revised 10-1-78

P. O. BOX 2088

RECEIVED

SANTA FE, NEW MEXICO 87501

OCT 25 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS, OFFICE

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator

J. C. Williamson ✓

Address

P. O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/28/82
UNLESS AN EXEMPTION
IS OBTAINED FROM MMSIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE R-7307 4/14/83

Lease Name EP-USA	Well No. 3	Pool Name, including Formation Brushy Draw Brushy Canyon	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter I ; 1980 Feet From The South Line and 460 Feet From The East Line of Section 26 Township 26S Range 29E, NMPM, Eddy, New Mexico				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, New Mexico 88210
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 Sec. Twp. Rge. I 26 26S 29E
Is gas actually connected?	When 7-2-83

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 <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. R.		
Date Spudded 8/31/82	Date Compl. Ready to Prod. 10/10/82	Total Depth 5250' 6290	P.B.T.D. 5250
Elevations (DF, RKB, RT, GR, etc.) 2904.0 GR	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 5070' 5089	Tubing Depth 5185'
Perforations 5089' - 5133'	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	360'	425 circulated
11"	8 5/8"	2900'	150
7 7/8"	4 1/2"	6252'	1000

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

Date First New Oil Run To Tanks 10/10/82	Date of Test 10/10/82	Producing Method (Flow, pump, gas lift, etc.) Pump	Choke Size n/a
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Gas-MCF 150.7
Actual Prod. During Test	Oil-Bbls. 137	Water-Bbls. 95	

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.

Production Secretary

10/22/82

(Date)

OIL CONSERVATION DIVISION

OCT 28 1982

APPROVED

BY

Original Signed By

Leslie 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 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 ownership 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.