

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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JAN 05 1984

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NAT	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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 ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
PLANNED AFTER 2-1-84
UNLESS AN EXCEPTION TO FROM BLM
IS OBTAINEDIf 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.				
UCBHW Federal	4	Brushy Draw - <i>Diluvium</i>	State, Federal or Fee Federal	NM 35607				
Location								
Unit Letter	K	1980 Feet From The South	Line and	1980 Feet From The West				
Line of Section	25	T. Township	26 South	Range	29 East	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P. O. Drawer 175, Artesia, New Mex. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P. O. Box 1267, Ponca City, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	25	26S	29E	No	

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't.	Diff. Fr.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-23-83	11-29-83		6300'		5600'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
2936.9 GR	Brushy Canyon		5143'		5210'			
Perforations					Depth Casing Shoe			
5143' - 5193' 12 Holes (0.36)					6300'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	370'	425 sx
11"	8-5/8"	2870'	150 sx
7-7/8"	4-1/2"	6300'	1300 sx
	2 3/8	5210	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-29-83	11-29-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	0	full
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
40 bbls.	40 bbls.	90 bbls.	6 MCF

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.

Manager

(Title)

January 4, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 11 1984

Original Signed By

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 deviation 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 owner, 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.

LANDIS DRILLING COMPANY
P. O. Box 3579
MIDLAND, TEXAS 79702

RECEIVED BY

JAN 05 1984

O. C. D.
ARTESIA, OFFICE

OPERATOR J. C. Williamson ADDRESS P. O. Box 16, Midland, TX 79702
LEASE NAME UCBHW Federal WELL NO. #4
LOCATION 1980'FSL & 1980'FWL, Section 25, T-26-S, R-29-E, Eddy County, New Mexico

DEPTH	ANGLE- INCLINATION DEGREES	DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
370	1 1/4	8.07	8.07
865	1 1/4	10.80	18.87
1367	1 1/2	13.14	32.01
1567	3/4	2.62	34.63
1804	3/4	3.10	37.73
2306	1 3/4	15.33	53.06
2870	2 1/2	24.60	77.66
3352	2	16.82	94.48
3757	1 3/4	12.37	106.85
4257	1 3/4	15.27	122.12
4573	1	5.51	127.63
5078	1	8.81	136.44
5577	1	8.71	145.15
6077	1 1/2	13.09	158.24
6300	1 3/4	6.81	165.05

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

Gary W. Chappell
TITLE: Vice President - Contracts

AFFIDAVIT:

Before me, the undersigned authority, appeared Gary W. Chappell known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the Operator of the well identified above, and that to the best of his knowledge and belief, such well was not intentionally deviated from the true vertical whatsoever.

Pamela A. Hughes
AFFIDANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 12th day of October, 1983.

Pamela A. Hughes
Pamela A. Hughes
Notary Public in and for the
County of Midland, Texas