

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME J.C. WILLIAMSON	
ADDRESS P.O. BOX 16 MIDLAND, TEXAS 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Range of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name ENFIELD FEDERAL	Well No. 1	Pool Name, including Formation WILDCAT DELAWARE W. Ross Draw Delaware	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-19612
Unit Letter <u>H</u> : <u>2173</u> Feet From The <u>NORTH</u> Line and <u>467</u> Feet From The <u>EAST</u>				
Line of Section <u>28</u> Township <u>26</u> Range <u>30</u> , NMPM, <u>EDDY</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ AVAJA 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 ☒ or Dry Gas ☐ CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1267 PONCA CITY, OK 74603
Well produces oil or liquids, location of tanks. Unit <u>H</u> Sec. <u>28</u> Twp. <u>26</u> Rge. <u>30</u>	Is gas actually connected? <u>yes</u> When <u>02-05-86</u> <i>Post ID-2 2-38-86 Comp BX</i>

If 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.

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 is true and complete to the best of my knowledge and belief.

[Signature]

PRODUCTION

02-07-86

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 21 1986, 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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	X	Gas Well		New Well	X	Workover		Deepen		Plug Back		Same Reel		Ditch	
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Date Spudded	11-13-85	Date Compl. Ready to Prod.	02-05-86	Total Depth	7065'	P.B.T.D.	7020'
Elevations (D.F., RKB, RT, CR, etc.)	2990.0' GR	Name of Producing Formation	Delaware	Top Oil/Gas Pay	5845'	Tubing Depth	5762'
Perforations	5845-5926', 6264-6279', 6687-6741', 6986-7008'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	17-1/2"	CASING & TUBING SIZE	13-3/8"	DEPTH SET	575'	SACKS CEMENT	600 SX
	17"		8-5/8"		3243'		250 SX
	7-7/8"		5-1/2"		7065'		1150 SX in 2 stages

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	02-05-86	Date of Test	02-05-86	Producing Method (Flow, pump, gas lift, etc.)	Pumping
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th of Test	24 hrs	Tubing Pressure	50	Casing Pressure	50	Choke Size	full
Actual Prod. During Test	Oil - Bbls.	145	Water - Bbls.	250	Gas - MCF	163.4	

GAS WELL

GOR: 1127/1	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate	Choke Size
	Test - MCF/D	Tubing Pressure (Start-In)	Casing Pressure (Start-In)		