

## OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

MAR 27 1984

REQUEST FOR ALLOWABLE

O. C. D. AND

AUTHORIZATION FOR TRANSPORT OF OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
STATE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name MWJ Federal	Well No. 3	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 20367
Location Unit Letter <u>G</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>26</u> Range <u>29</u> , NMPM, <u>Eddy</u> Count				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1267, Ponca City, OK 74603	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 35
	Twp. 26	Rge. 29
	Is gas actually connected? <input checked="" type="checkbox"/> When <u>3-15-84</u> From Date of First Prod.	

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

## IV. 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. F. <input type="checkbox"/>
Date Spudded 1-9-84	Date Compl. Ready to Prod. 3-16-84		Total Depth 6350'		P.B.T.D. 6320'			
Elevations (DF, RKB, RT, GR, etc.) 2876.4 GR 2871.1	Name of Producing Formation Lower Delaware		Top Oil/Gas Pay 4973'		Tubing Depth 6193'			
Perforations 4973-59', 5389-5431', 5676-5709', 5754-56', 5850-83', 5933-55', 6060-6107', 6167-6269'.					Depth Casing Shoe 6350'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	12-3/4"	365'	375sx Class C
11	8-5/8"	2822'	150sx Class C
7 7/8	4-1/2"	6350'	1350sx Poz Class C
	2 3/8	6183	

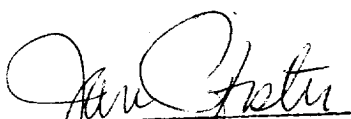
V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed load oil  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-15-84	Date of Test 3-16-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size Full
Actual Prod. During Test 247 oil	Oil-Bbls. 247	Water-Bbls. 297	Gas-MCF 364

## 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

## A. 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)

Agent

(Title)

March 26, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 29 1984, 19Original 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 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 own-  
er, well name or number, or transporter, or other such change of condi-Separate Form C-104 must be filed for each pool in multi-  
completed wells.