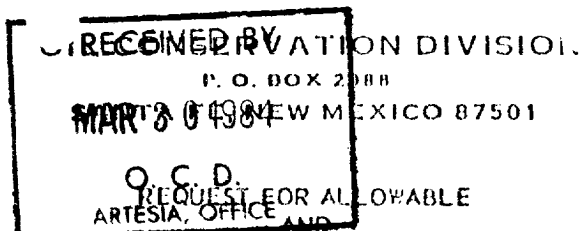


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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	



AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator J.C. Williamson	
Address P.O. Box 16 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Abby Federal	Well No. 3	Pool Name, including Formation Ross Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 17225 B
Location Unit Letter 0 : 2130' Feet From The E Line and 330' Feet From The S Line of Section 28 Township 26 Range 30, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 I	Sec. 28	Twp. 26	Rge. 30	Is gas actually connected? No	When not known

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff.
		X						
Date Spudded 1-23-84	Date Compl. Ready to Prod. 3-7-84	Total Depth 5750'	P.B.T.D. 5710'					
Elevations (DF, RKB, RT, GR, etc.) 2960.5	Name of Producing Formation Delaware	Top Oil/Gas Pay 3347'	Tubing Depth 3287'					
Perforations			Depth Casing Shoe 5750'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	360'	400 sx Class "C"
11"	8 5/8"	3120'	150 sx Class "C"
7 7/8"	4 1/2"	5750'	500 sx Class "C"
	2 3/8"	3287'	

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 top
able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 226	Length of Test 4	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 350	Casing Pressure (Shut-in) 0	Choke Size 18/64

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.

John C. Williamson
(Signature)

3/28/84
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

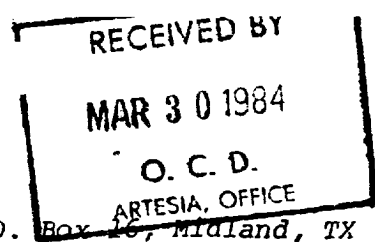
BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condiSeparate Form C-104 must be filed for each pool in mul
completed wells.

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



OPERATOR J. C. Williamson ADDRESS P. O. Box 16, Midland, TX 79702
LEASE NAME Abby Federal WELL NO. 3
LOCATION 330' FSL & ²¹³⁰~~2173~~' FEL, Sec 28, T-26-S, R-30-E, Eddy County, New Mexico

DEPTH	ANGLE- INCLINATION DEGREES	DISPLACEMENT	ACCUMULATIVE DISPLACEMENT
365	1 1/2	9.56	9.56
861	1 1/4	10.82	20.38
1363	1 3/4	15.33	35.71
1674	2	10.85	46.56
2148	1 1/2	12.41	58.97
2649	1 1/4	10.93	69.90
3120	1 3/4	14.38	84.28
3622	1	8.76	93.04
4125	3/4	6.58	99.62
4627	1/2	4.38	104.00
5126	1/4	2.18	106.18
5750	1/2	5.45	111.63

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 15th day of February, 1984.

Pamela A. Hughes
Pamela A. Hughes
Notary Public in and for the