

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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**OIL CONSERVATION DIVISION**

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

FEB 24 1986

O. C. D. REQUEST FOR ALLOWABLE  
AND  
ARTESIA 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)

☒ New Well ☐ Change In Transporter of:

☒ Recompletion ☐ Oil ☐ Dry Gas

☐ Change In Ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

**CONFIDENTIAL**  
CASINGHEAD GAS MUST NOT BE

Change of ownership give name and address of previous owner \_\_\_\_\_

FLARED AFTER 5-4-86

**DESCRIPTION OF WELL AND LEASE**

Lease Name WRIGHT FEDERAL Well No. 1 Pool Name, including Formation Wildcat Kind of Lease Federal Lease No. NM-20369

Unit Letter P : 467 Feet From The East Line and 330 Feet From The South

Line of Section 15 Township 26 Range 30 , NMPM, EDDY County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
NAVAJO REFINING COMPANY

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 159 ARTESIA, NEW MEXICO 88210

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 P Sec. 15 Twp. 16 Rge. 30


Is gas actually connected? No When \_\_\_\_\_

If this 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.

**III. 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  
(Title)  
February 24, 1986  
(Date)

**OIL CONSERVATION DIVISION**

FEB 28 1986

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed By  
Mike Williams

TITLE Oil & Gas Inspector

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.

# V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		/	X	X			
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
02-27-84	02-21-86		6885'			6833'			
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3183.4' GR	Delaware		5733'			5557'			
Perforations						Depth Casing Shoe			
5825-5830, 5733-5764, 6044-6143', 6740-6828'									

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8"	7"	3750'	150 SX
6-1/4"	4-1/2"	6885'	200 SX
	2-7/8"	5557'	

## 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 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.)	
02-21-86	02-24-86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	50	50	full
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	109	307	113

GOR: 1037/1

## AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size