

STATE OF NEW MEXICO
ENERGY 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

Operator J.C. WILLIAMSON ✓

Address P.O. BOX 16 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE TRANSPORTED AFTER 1-30-86 IF SECTION FROM THIS WELL IS OBTAINED
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>ROSS DRAW UNIT</u>	Well No. <u>12</u>	Pool Name, Including Formation <u>UNDESIGNATED DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM-0480904</u>
Unit Letter <u>A</u>	<u>467</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>East</u>	
Line of Section <u>33</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 159 ARTESIA, NEW MEXICO 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONOCO INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1267 PONCA CITY, OK 74603</u>
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>33</u> Twp. <u>26</u> Rge. <u>30</u>	<u>No</u>

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.

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)
December 12, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1985, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. P
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10-29-85	12-11-10-85		6800'			6749'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
2985.6' GR	UNDESIGNATED DELAWARE		5815'			5586'			
Perforations						Depth Casing Shoe			
6689-6724', 5815-5895'						2989'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	575'	600 sx Class "C"
11"	8-5/8"	3272'	250 sx Class "C"
7-7/8"	5-1/2"	6800'	1050 sx in 2 stages
	2-7/8"	5586'	

V. 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 of 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.)	
12-10-85	12-10-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	100	100	full
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	110	214	137

GOR: 1245/1

GAS WELL

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