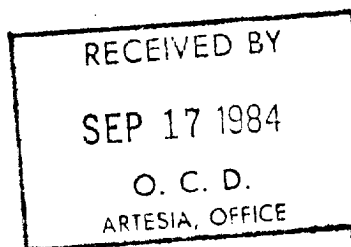


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

I. 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 ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-18-84
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>HOLLY FEDERAL</u>	Well No. <u>2</u>	Pool Name, including Formation <u>BRUSHY DRAW DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM-21502</u>
Location				
Unit Letter <u>H</u> ; <u>1930</u> Feet From The <u>NORTH</u> Line and <u>735</u> Feet From The <u>EAST</u>				
Line of Section <u>26</u> Township <u>26</u> Range <u>29</u> , NMPM, <u>EDDY</u> County				

III. 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 COMPANY</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>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>H</u> <u>26</u> <u>26</u> <u>29</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.

VI. 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.

AGENT

(Signature)

(Title)

9/12/84

(Date)

OIL CONSERVATION DIVISION

SEP 18 1984

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.

Post FD-2
9-21-84
Comp & BK

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 06-07-84	Date Compl. Ready to Prod. 9-10-84		Total Depth 5677'			P.B.T.D. 5612'			
Elevations (DF, RKB, RT, GR, etc.) 2905.2' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5090'			Tubing Depth 4983'			
Perforations 5090'-5124' (16 holes)						Depth Casing Shoe 5652'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/2"	10-3/4"		375'			650 SX			
8"	7"		2804'			200 SX			
6-1/4"	4-1/2"		5652'			800 SX			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-5-84	Date of Test 9-5-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 0	Choke Size 10/64
Actual Prod. During Test	Oil - Bbls. 285	Water - Bbls. 50	Gas - MCF 315

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

25. WAS DIRECTIONAL SURVEY MADE

Cable Tool portion of hole - $2\frac{1}{2}\%$ @ 2900'.

Hole finished with Reverse Unit, drilled 2900' - T.D. , no survey equipment available.