		Γ	RECEIVED BY	
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		1	AUG 14 ¹⁹⁸⁵	
		1	O. C. D. Form C.	-104 10-01-78
DISTRIBUTION	OIL CONSERV	ATION DIVISI	NARTESIA, OFFICE	06-01-83
		OIL CONSERVATION DIVISIONARTESIA, OFFICE Format 06-01-83 P. O. BOX 2088		
U.S.G.A.	SANTA FE, NEW MEXICO 87501			
LAND OFFICE				
TRANSPORTER GAS VA	REQUEST FC	R ALLOWABLE		
		ND		
	AUTHORIZATION TO TRANS	PORT OIL AND NATU	JRAL GAS	
Operator				
J.C. WILLIAMSON				
Address P.O. BOX 16	MIDLAND, TEXAS 79702	· · · · · · · · · · · · · · · · · · ·		
Reeson(s) for filing (Check proper box)				
X New Well	Change in Transporter of:	Other (Pleas	e explainj	
		ry Gas		
Change in Ownership	Casinghead Gas	londensote		
I change of ownership give name ind address of previous owner				
I. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including F	ormalion	Kind of Lease	
UCBHWW FEDERAL 6 BRUSHY DRAW DE			State, Federal or Fee Federal	Lease No.
ion			rederat	NM-35607
Unit Letter F : 2080'	_ Feet From The North Lir	ne and <u>1880</u> '	Feel From The West	
Line of Section 25 Townshi	ip 26 Range	29 , ммрм	EDDY	County
III. DESIGNATION OF TRANSPOR			to which approved copy of this form 1	
NAVAJO REFINING CO.				
Name of Authorized Transporter of Casingh	ad Gas X or Dry Gas	Address (Give address	ARTESIA, NEW MEXICO 8 to which approved copy of this form i	SZIU s to be sent)
CONOCO INC.	· · · ·	P.O. BOX 1267	PONCA CITY, OK 74603	Past TD-2
If well produces oil or liquids,		Is gas actually connecte	d? When	8-23-85
give location of tanks.	M <u>25 26 29</u>	Yes	8-9-85	COMP + BK
f this production is commingled with th	at from any other lease or pool,	give commingling order	number:	,
NOTE: Complete Parts IV and V on	reverse side if necessary.	11		
71. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of	f the Oil Conservation Division have	APPROVED	AUG 21 1985	10
reen complied with and that the information giv ny knowledge and belief	en is true and complete to the best of		Original Signed By	
		BY	Les A. Clements	······································
\square	1 ti	TITLE	Supervisor District H	,
- 11/12 /1	TUN	This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepened		
PRODUCTION		well, this form must tests taken on the w	be accompanied by a tabulation well in accordance with RULE t	of the deviation
AUGUST (12, 1985		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		

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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.

(Date)

V. COMPLETION DATA

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Designate Type of Completi	Oll Well Gas Well		Piug Back Same Resty. Diff. Resty.	
	^ _ !	X		
Jate Spunded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-17-85	8-9-85	6350'	6305'	
Jevetions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
<u> </u>	DELAWARE	5105'	5054'	
S105'-5213'			Depth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8"	500 '	500sx Class "C"	
11"	8-5/8"	2890'	150 sx Class "C"	
7-7/8"	5-1/2"	6350 '	850 sx in 2 stages	
	1 27/8	5054		
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this	e after recovery of social volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top allow-	
ale First New Oil Run To Tanks	Date of Teet		Producing Method (Flow, pump, gas lift, esc.)	
8-9-85	8-9-85	pump. 2' X 22' Harbisor	pump. 2' X 22' Harbison Fisher rod insert	
who f Teet	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	105	105	full	
etual Pred. During Test	Oil-Bhis.	Water - Bbis.	Gas-MCF	
	129	205	141	
· · · · · · · · · · · · · · · · · · ·	·		Ge12 1093:1	
AS WELL				
ciual Prod. Teat-MCF/D	Length of Test	Bbls. Condensate/MACF	Gravity of Condensate	
outing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-13)	Choke Size -	
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