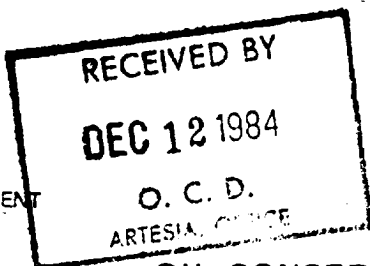


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER FEB 14, 85

IS 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 R-7875 416-85

Lease Name <u>INGRAM-GROOBS FEDERAL</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat - Del Norte</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 24777</u>
Location <u>E. BRUSHY DRAW DEL</u>				
Unit Letter <u>M</u> : <u>710</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u>				
Line of Section <u>9</u> Township <u>26</u> Range <u>30</u> , NMPM, <u>Eddy County</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>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>9</u>
	Twp. <u>26</u>	Rge. <u>30</u>
	Is gas actually connected? <u>NO</u>	When <u>N/A</u>

Post ID-24 12-14-84 EWP + BR

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.

[Signature]
(Signature)

Agent
(Title)

12-11-84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 14 1984, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 9-11-84	Date Compl. Ready to Prod. 11-26-84 12-7-84		Total Depth 6837'		P.B.T.D. 6797'				
Elevations (DF, RKB, RT, GR, etc.) 3076.0 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5570' 5609		Tubing Depth 5625'				
Perforations 6631-6638' (8 holes) 6324-6361' (15 holes) 5609-5645' (19 holes) 5505-1417						Depth Casing Shoe 6837'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/8"	61#		885'		715 ΔX				
8 5/8"	24# & 32#		3352'		150 ΔX				
5 1/2"	18.5#		6837'		625 ΔX				
	2 7/8		5625						

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 11-26-84	Date of Test 12-01-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure 30	Choke Size Full
Actual Prod. During Test	Oil-Bbls. 50	Water-Bbls. 350	Gas-MCF 55

GAS WELL

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