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ARTESIA OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

NO. OF WELLS	1
DISTRIBUTION	1
RENTALS	1
FOR	1
U.S.U.R.	1
LAND OFFICE	1
TRANSPORTER	1
OIL	1
NATURAL GAS	1
OPERATOR	1
PRODUCTION OFFICE	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 ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name EP-USA	Well No. 9	Pool Name, Including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease NM-13997
Location Unit Letter L 1650 Feet From The South Line and 990 Feet From The West				
Line of Section 26 Township 26 Range 29 NMPM, EDDY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 127 PONCA CITY, OK 74603
If well produces oil or liquids, give location of tanks. Unit I Sec. 26 Twp. 26 Rge. 29	Is gas actually connected? When YES 4-16-85

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug back <input type="checkbox"/> Same Res. <input type="checkbox"/> Ditt. <input type="checkbox"/>	Date Spudded 3-14-85	Date Compl. Ready to Prod. 4-27-85	Total Depth 6220'	P.B.T.D. 6178'
Elevations (DF, RAB, RT, CR, etc.) 2874.9 GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 4961'	Tubing Depth 4848'	Depth Casing Shoe
Perforations 4961-5024' w/25 shots (0.41")				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8"	425'	450sx Class "C"	
11"	8-5/8"	2764'	150sx Class "C"	
7-7/8"	5-1/2"	6220'	1300sx in 2 stages	
	2-7/8"	4848'		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-16-85	Date of Test 4-16-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size full
Actual Prod. During Test 327	Oil-Bbls. 327	Water-Bbls. 105	Gas-MCF 373

GAS WELL

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

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 above is true and complete to the best of my knowledge and belief.



Agent

April 19, 1985

(Date)

OIL CONSERVATION DIVISION
APR 23 1985

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 new well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-completed wells.

Post FD-2
4-26-85
Camp & BK

X