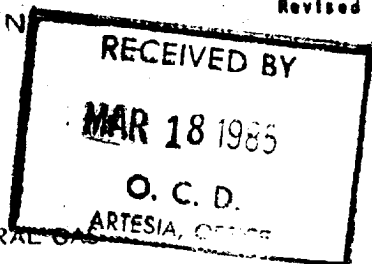


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| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input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

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
J.C. WILLIAMSONAddress
P.O. BOX 16 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

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

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. 7-Y | Pool Name, Including Formation BRUSHY DRAW DELAWARE | Kind of Lease State, Federal or Foreign FEDERAL | Lease No. NM-13997 |
| Location Unit Letter <u>J</u> 1960 Feet From The <u>South</u> Line and 1980 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"/> 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 1267 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? yes | When 3-14-85 |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. R. |
| Date Spudded 2-14-85 | Date Compl. Ready to Prod. 3-14-85 | Total Depth 6300' | P.B.T.D. 6208' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 2899.5 GR | Name of Producing Formation DELAWARE | Top Oil/Gas Pay 5030' | Tubing Depth 4947.5' | | | | | |
| Perforations 5030-5091' | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2" | 11-3/4" | 450' | 600sx Class "C" 2%CaCl |
| 11" | 8-5/8" | 2780' | 150sx Class "C" 2%CaCl |
| 7-7/8" | 5-1/2" | 6300' | 1100sx in 2 stages |
| | 2-3/8" | 4947.5' | |

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
able for this depth or be for full 24 hours)

| | | | |
|--|-------------------------|--|---------------------|
| Date First New Oil Run To Tanks 3-14-85 | Date of Test 3-14-85 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24hrs | Tubing Pressure 50 | Casing Pressure 50 | Choke Size 18/64 |
| Actual Prod. During Test 247 | Oil-Bbls. 247 | Water-Bbls. 137 | Gas-MCF 275 |

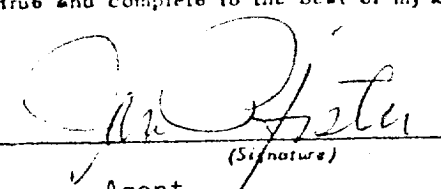
Goe 1113.1

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.


(Signature)
Agent
(Title)
3-15-85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1985, 10BY Original Signed By

Leslie 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 deviate
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 owner
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filled for each pool in multi-
completed wells.