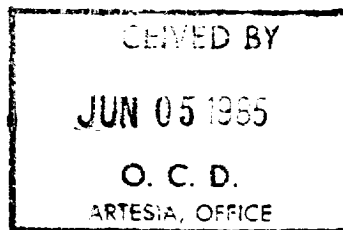


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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GAS	<input checked="" type="checkbox"/>
PERMITOR	<input checked="" type="checkbox"/>
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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

NAME: J.C. WILLIAMSON

ADDRESS: P.O. BOX 16 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box):

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☐ Change in Ownership

Other (Please explain):

Change of ownership give name
and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ROSS DRAW UNIT	14	ROSS DRAW DELAWARE	State, Federal or Fee FEDERAL	NM-0554499

Unit Letter L : 2310 Feet From The South Line and 660 Feet From The West

Line of Section 26 Township 26 Range 30 , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
AVAJIO REFINING CO.	P.O. BOX 159 ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	26	26	30	No	

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.

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)

Production

(Title)

June 4, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 1985, 19

BY Original Signed By Les 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 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'v.	Diff. Res'v.
Date Spudded 3-31-85	Date Compl. Ready to Prod. 6-4-85	Total Depth 6825'			P.B.T.D. 6787'				
Elevations (DF, RKB, RT, GR, etc.) 3009.2 GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 6657'			Tubing Depth 6557'				
Perforations 6657-6737'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15-1/2"	12-3/4"		775'		800 sx				
11"	8-5/8"		3300'		300 sx				
7-7/8"	5-1/2"		6825'		1000 sx in 2 stages				
	2-7/8"		6557'						

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 Tank 6-4-85	Date of Test 6-4-85	Producing Method (Flow, pump, gas lift, etc.) pumping (1-3/4" X 22' rod insert)	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size full
Actual Prod. During Test	Oil - Bbls. 72	Water - Bbls. 157	Gas - MCF 96.1

GAS WELL

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