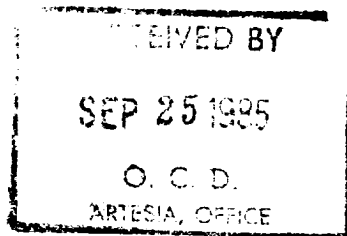


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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:	Other (Please explain)  CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-1-85</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>NEW ERA FEDERAL</u>	Well No. <u>2</u>	Pool Name, including Formation <u>UNDESIGNATED DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM-20966</u>
Unit Letter <u>H</u> : <u>1880'</u> Feet From The <u>NORTH</u> Line and <u>660'</u> Feet From The <u>EAST</u> Line of Section <u>19</u> Township <u>26S</u> Range <u>30E</u> , NMPM, <u>EDDY</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 159 ARTESIA, NEW MEXICO 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONOCO INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1267 PONCA CITY, OK 74603</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>19</u> Twp. <u>26</u> Rge. <u>30</u>	Is gas actually connected? <u>No</u> When _____

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)  
PRODUCTION  
4-26-85  
(Date)

OIL CONSERVATION DIVISION

SEP 30 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY Les A. Clements  
Original Signed By  
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.

# V. 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 8-10-85	Date Compl. Ready to Prod. 9-16-85		Total Depth 5717'		P.B.T.D. 5664'				
Elevations (DF, RKB, RT, GR, etc.) 3056.8' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5438'		Tubing Depth 5255'				
Perforations 5438-5493'					Depth Casing Shoe				

## TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	642'	675 sx Class "C"
11"	8-5/8"	3200'	150 sx Class "C"
7-7/8"	5-1/2"	5700'	700 sx in 2 stages
	2-7/8"	5255'	

## 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 9-16-85	Date of Test 9-19-85	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs	Tubing Pressure 40	Casing Pressure 40	Choke Size full
Actual Prod. During Test	Oil - Bbls. 57	Water - Bbls. 267	Gas - MCF 27

GOR - 473/1

## AS WELL

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