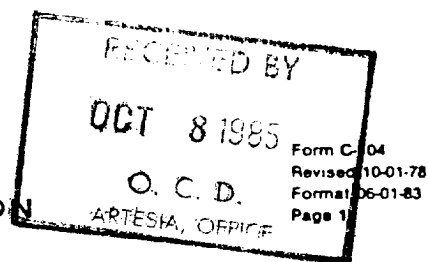
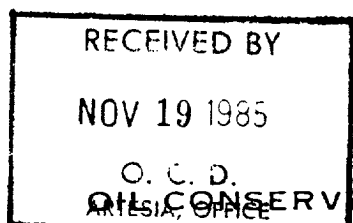


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator J.C. WILLIAMSON  
Address P.O. BOX 16 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>HOLLY "A" FEDERAL</b>	Well No. <b>6</b>	Pool Name, including Formation <b>BRUSHY DRAW DELAWARE</b>	Kind of Lease State, Federal or Foreign <b>FEDERAL</b>	Lease No. <b>NM-19609</b>
Unit Letter <b>B</b> : <b>790</b> Feet From The <b>NORTH</b> Line and <b>1980 1930</b> Feet From The <b>EAST</b>				
Line of Section <b>26</b> Township <b>26</b> Range <b>29</b> , NMPM, <b>EDDY</b> 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"/> <b>NAVAJO REFINING CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 159 ARTESIA, NEW MEXICO 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>CONOCO INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1267 PONCA CITY, OK 74603</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>G 26 26 29</b>	<b>Yes 10-1-85</b>

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]*  
PRODUCTION (Signature)

**10-2-85**  
(Date)

OIL CONSERVATION DIVISION

NOV 26 1985

APPROVED \_\_\_\_\_, 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 Restv.	Diff. Restv.
Date Spudded 8-28-85	Date Compl. Ready to Prod. 10-1-85	Total Depth 6320'		P.B.T.D. 6280'					
Elevations (DF, RKB, RT, CR, etc.), 2885.2' GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 5057'		Tubing Depth 4787' 4945'					
Perforations 5057-5152'				Depth Casing Shoe					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	362'	400 SX
11"	8-5/8"	2783'	150 SX
7-7/8"	5-1/2"	6320'	950 SX
	2-7/8"	4787' 4945'	

#### 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 10-1-85	Date of Test 10-1-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 120	Casing Pressure 120	Choke Size full
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 257	Gas - MCF 33

GOR: 891/1

#### GAS WELL

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