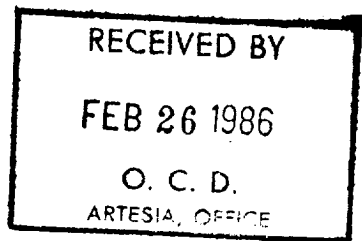


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Operator J.C. WILLIAMSON	
Address P.O. BOX 16 MIDLAND, TEXAS 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recore Completion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

Change of ownership give name and address of previous owner

CONFIDENTIAL

DESCRIPTION OF WELL AND LEASE

Lease Name MWJ FEDERAL	Well No. 5	Pool Name, Including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-20367
Unit Letter H : 330 Feet From The South Line and 330 Feet From The East				
Line of Section 35 Township 26 Range 29 , 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"/> NAVAJO REFINING COMPANY	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
Well produces oil or liquids, give location of tanks. Unit A Sec. 35 Twp. 26 Rge. 29	Is gas actually connected? yes When 02-21-86

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)

PRODUCTION
(Title)

02-24-86
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 27 1986**, 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.

V. COMPLETION DATA

DESIGNATE TYPE OF COMPLETION - (X)									Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
									X		X					
Date Spudded 01-12-86			Date Compl. Ready to Prod. 02-21-86			Total Depth 6260'			P.B.T.D. 6220'							
Elevations (DF, RKB, RT, CR, etc.) 2867.0' GR			Name of Producing Formation DELAWARE			Top Oil/Gas Pay 4978'			Tubing Depth 4766'							
Perforations 4978-5061'									Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	413'	500 SX
11"	8-5/8"	2800'	200 SX
7-7/8"	5-1/2"	6260'	950 SX
	2-7/8"	4766'	

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 02-21-86	Date of Test 02-21-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60#	Choke Size full
Actual Prod. During Test	Oil - Bbls. 208	Water - Bbls. 198	Gas - MCF 237

GOR: 1140/1

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