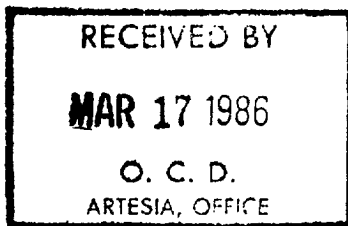


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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



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

I. 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:	
<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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name UCBHW FEDERAL	Well No. 10	Pool Name, including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-35607
------------------------------------	-----------------------	---	---	------------------------------

Unit Letter K : 1737 Feet From The South Line and 1675 Feet From The West

Line of Section 25 Township 26 Range 29 , NMPM, EDDY 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 COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 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.	Is gas actually connected? When
Unit <u>M</u> Sec. <u>25</u> Twp. <u>26</u> Rge. <u>29</u>	<u>yes</u> <u>03-14-86</u>

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

(Title)

MARCH 14, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 19 1986**, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v., Diff. Res.
Date Spudded	02-01-86	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.	3120'	
Elevations (Df, RKB, RT, CR, etc.)	2937.0' GR	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth	2981'	
Perforations	3071-3089'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			250 SX	500 SX	
12-1/4"	8-5/8"	433'						
7-7/8"	4-1/2"	3135'						
	2-3/8"	2981'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	03-14-86	Date of Test	03-14-86	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Yth of Test	24 hrs	Tubing Pressure	50	Casing Pressure	50
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	53	

TEL 549

Actual Prod. Test-MCF/D	Length of Test	Ble. Condensate/MWCF	Gravity of Condensate
Testing Method (Spec. back p.)	Tubing Pressure (Sheet-1a)	Coating Pressure (Sheet-1a)	Choke Size