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ARTESIA, OFFICESTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

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)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name SunEx Federal Unit	Well No. 1	Pool Name, including Formation Wildcat E. Brushy Dr. Dela.	Kind of Lease State, Federal or Fee Federal	Lease No. NM-27649
Unit Letter <u>N</u> : <u>810'</u> Feet From The <u>South</u> Line and <u>1665</u> Feet From The <u>West</u>				
Line of Section <u>10</u> Township <u>26</u> Range <u>30</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ 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.	Unit N	Sec. 10
	Twp. 26	Rge. 30
	Is gas actually connected? <u>No</u>	
	When <u>Post ID-2</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: 5-30-86

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.

OIL CONSERVATION DIVISION

MAY 27 1986

APPROVED _____, 19 _____

BY _____ Original Signed By

Les A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.

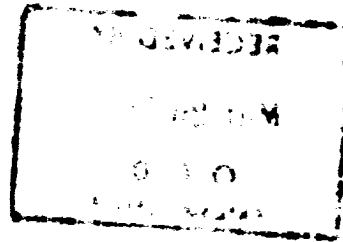
If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only 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.

Jan Pfister, Production

(Title)

May 20, 1986

(Date)



IV. COMPLETION DATA

Designate Type of Completion - (X)				Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		Plug Back		Some Res'ty. Dill. Res'ty.	
Oil Well		X		03-27-86		05-14-86		6613'		P.B.T.D.		Plug Back		Some Res'ty. Dill. Res'ty.	
Gas Well															
Performance				3119.5' GR		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		Depth Casing Shoe		6050-6133', 6483-6516'	
						Delaware		6050'		5935'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
17-1/2"		13-3/8"		820'		850 sx	
12-1/2"		9-5/8"		3428'		750 sx	
7-7/8"		5-1/2"		6613'		1050 sx in 2 stages	
2-7/8"				5935'			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
(Test must be after recovery of total volume of load oil and must be equal to or exceed 10% allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)		24 hrs	
05-15-86		05-17-86		Pumping		Full	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		Gas - MCF	
60		50		50		71	

GAS WELL		GOR: 1183/1		Gravity of Condensate		Choke Size	
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF		Casing Pressure (Shot-In)	
Testing Method (Plot, back pr.)		Tubing Pressure (Shot-In)		Casing Pressure (Shot-In)		Choke Size	