

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
Form 106-01-83

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NOV 29 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Ralph E. Williamson	
Address P.O. Box 994; Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco Federal	Well No. 2	Pool Name, including Formation East Ross Draw East Delaware	Kind of Lease State, Federal or Foreign Federal	Lease No. NM-18626
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>26 South</u> Range <u>30 East</u> , NMPM, <u>Eddy</u> 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) PO Box 159, Artesia, NM 88211					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc., Natural Gas Department	Address (Give address to which approved copy of this form is to be sent) PO Box 1959; Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 25	Twp. 26S	Rge. 30E	Is gas actually connected? Yes	When 11-12-88

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.

Mary Huber
(Signature)

Production

(Title)

11-29-88

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 6 1988, 19

BY Original Signature

TITLE Mike Williams

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 change of owner, well name or number, or transporter, or other such change of information.

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.	Drill, Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
10-3-88	11-12-88	5990'				5949'			
Elevations (D.F., R.A.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
3093.0 GR	Delaware Sand	5780' 5807'				5683'			
Perforations 5807', 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25						Depth Casing Shoe			
26, 27, 28						5989'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	656'	700 sx "C" w/2% CaCl ₂ 1/4#
11"	8 5/8"	3518'	425 sx Howco Lite w/2% CaCl ₂ 1/4#
7 7/8"	5 1/2"	5989'	200 sx "C" w/2% CaCl ₂ 1/4#
2 7/8"	5683'	1100 sx 50/50 POZ w/6# salt	1/4# flo seal

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-13-88	11-23-88	Pump	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
24	58	50	full
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	69	157	63

GAS WELL

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