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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB 14 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator J.C. Williamson	Well API No. 30-015-26046
Address P.O. Box 16 Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ross Draw Unit	Well No. 16	Pool Name, Including Formation Unit Ross Draw Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-0554499
Location Unit Letter A : 330' Feet From The North Line and 660' Feet From The East Line Section 34 Township 26S Range 30E, 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"/> Delaware Natural Gas Company, Inc.	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville Rd. #215 Austin, Tx. 78759			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34	Twp. 26S	Rge. 30E
Is gas actually connected?		When ?		
no				

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 01-12-89	Date Compl. Ready to Prod. 02-09-89		Total Depth 6125'		P.B.T.D. 6078'			
Elevations (DF, RKB, RT, GR, etc.) 2984.1' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5560'		Tubing Depth 5460'			
Perforations 5869-5952' 5560-5604'		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	11-3/4"		565'		800 sx			
11"	8-5/8"		3293'		1000 sx			
7-7/8"	5-1/2"		6121'		1000 sx in 2 stages			
	2-7/8"		5460'					

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 top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 02-08-89	Date of Test 02-08-89	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 310	Casing Pressure 175	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 301	Water - Bbls. 302	Gas- MCF 244

GAS WELL

GOR: 813/1

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Jan Pfister	Production Title 915/682-1797
Printed Name 02-13-89	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1989	Original Signed By Mike Williams
By	Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.