

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address J C Williamson P O Box 16 Midland TX 79702		OGRID Number 011158
		Reason for Filing Code NW
API Number 30 - 015-29588	Pool Name ROSS DRAW DELAWARE	Pool Code 52795
Property Code 011808	Property Name Ross Draw Unit	Well Number 20

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	27	26S	30E		1787	North	1980	West	Eddy

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F									
Lee Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

¹² Transporter OGRID	¹³ Transporter Name and Address	¹⁴ POD	¹⁵ O/G	¹⁶ POD ULSTR Location and Description
015694	Navajo Refining Company P O Box 159 Artesia NM 88211-0159	2632910	0.	Ross Draw #11 Battery Section 22 T26S R30E
005097	Conoco P O Box 1267 Ponca City OK 74603	2632930		Ross Draw #11 Battery

IV. Produced Water

¹⁷ POD	¹⁸ POD ULSTR Location and Description
2632950	Ross Draw #11 Battery to CRW-SWD

V. Well Completion Data

¹⁹ Spud Date	²⁰ Ready Date	²¹ TD	²² PBD	²³ Perforations
9/30/97	11/14/97	6020'		5868-5946'
²⁴ Hole Size	²⁵ Casing & Tubing Size	²⁶ Depth Set	²⁷ Sacks Cement	
17-1/2"	13-3/8"	604' <i>Rest ID-2</i>	400 sx + 250 sx	
11"	8-5/8"	3300' <i>4-17-98</i>	1150 sx + 250 sx	
7-7/8"	5-1/2"	6020' <i>comp</i>	450 sx + 500 sx	

VI. Well Test Data

²⁸ Date New Oil	²⁹ Gas Delivery Date	³⁰ Test Date	³¹ Test Length	³² Tbg. Pressure	³³ Csg. Pressure
11/15/97	11/15/97	11/17/97	24 hrs	pumping	no packer
³⁴ Choke Size	³⁵ Oil	³⁶ Water	³⁷ Gas	³⁸ AOF	³⁹ Test Method
-----	90	300	80		P

I hereby certify that the rules 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: *Mary Jane Williamson*

Printed name: Mary Jane Williamson

Title: Production

Date: 11/19/97

Phone: (915)682-1797

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approval Date:

12-30-97

⁴⁰ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
25. MO/D/A/Y/R drilling commenced
26. MO/D/A/Y/R this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string
34. The following test data for an oil well it must be from a test conducted only after the total volume of lost oil is recovered.
35. MO/D/A/Y/R that new oil was first produced
36. MO/D/A/Y/R that gas was first produced into a pipeline
37. MO/D/A/Y/R that the following test was completed
38. Length in hours of the test
39. Flowing tubing pressure - oil wells
40. Shut-in tubing pressure - gas wells
41. Flowing casing pressure - oil wells
42. Shut-in casing pressure - gas wells
43. Diameter of the choke used in the test
44. Barrels of oil produced during the test
45. Barrels of water produced during the test
46. MCF of gas produced during the test
47. Gas well calculated absolute open flow in MCF/D
48. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
49. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
50. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person
51. The permit number from the District approved C-129 for this completion
52. MO/D/A/Y/R of the C-129 approval for this completion
53. MO/D/A/Y/R of the expiration of C-129 approval for this completion
54. The gas or oil transporter's OGRID number
55. Name and address of the transporter of the product
56. The number assigned to the POD from which this product or recompletion and this POD has no number the district office will assign a number and write it here.
57. Product code from the following table:
O Oil
G Gas
58. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
59. The bottom hole location of this completion
60. Lease code from the following table:
F Federal
S State
P Private
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
61. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OGD unit letter.
62. The well number for this completion
63. The property name (well name) for this completion
64. The property code for this completion
65. The pool code for this completion
66. The name of the pool for this completion
67. The API number of this well
68. If for any other reason write that reason in this box.
RT Request for test allowable (include volume requested)
CG Change gas transporter
AG Add gas transporter
CO Change oil/condensate transporter
AO Add oil/condensate transporter
RC Change of Operator
CH Completion
NW New Well
69. Reason for filling code from the following table:
NW New Well
RC Completion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)
70. Operator's name and address
71. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
72. All sections of this form must be filled out for allowable requests on new and recompleted wells.
73. Fill out only sections I, II, III, IV, and the operator certifications for other such changes.
74. A separate C-104 must be filled for each pool in a multiple completion.
75. Improperly filled out or incomplete forms may be returned to operator unapproved.
76. Operator's name and address
77. Report all oil volumes to the nearest whole barrel.
78. A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.
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