

SEP 10 1982

REQUEST FOR ALLOWABLE
AND

O. C. D.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

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OPERATION	
PRODUCTION OFFICE	
OPERATOR	

J. C. Williamson

Address

P. O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Holly Federal		1	Wildcat	State, Federal or Fee Federal	NM 21502

Location

Unit Letter P : 460' Feet From The South Line and 600' Feet From The East

Line of Section 26 Township 26 South Range 29 East, NMPM, Eddy, New Mexico

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	P. O. Drawer 175 Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	26	26	29	yes	7-29-83

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. R.
XX	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/23/82	9/1/82	6250'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2912.2 GR 2923 DF	Lower Cherry Canyon	5060'	5105'					
Perforations			Depth Casing Shoe					
5060' to 5104' 20 holes			6250'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	378'	650
11"	8 5/8"	2900'	150
7 7/8"	4 1/2"	6250'	900

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 - able 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.)	
9/1/82	9/1/82	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	400#	300#	18/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	230	40	

GAS WELL

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

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.

OIL CONSERVATION DIVISION

SEP 17 1982

APPROVED _____, 19

BY Leslie A. Clements
SUPERVISOR, DISTRICT II

TITLE _____

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

Production Secretary

September 7, 1982

(Date)

~~REMOVED~~

SEP 9 1982

O.C.D.
HOBBS OFFICE