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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  
 Format 06-01-83  
 Page 1

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: J.C. WILLIAMSON ✓

Address: P.O. BOX 16 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain): \_\_\_\_\_

If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>HOLLY "A" FEDERAL</b>	Well No. <b>4</b>	Pool Name, including Formation <b>BRUSHY DRAW DELAWARE</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>NM-19609</b>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>26</u> Range <u>29</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"/> <b>NAVAJO REFINING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 159 Artesia, New Mexico 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>CONOCO, INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1267 Ponca City, OK 74603</b>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>26</u> Twp. <u>26</u> Rge. <u>29</u>	Is gas actually connected? <u>Yes</u> When <u>1/17/85</u>

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.

*Alvin Foster*  
 (Signature)  
 Agent  
 (Title)  
1/18/85  
 (Date)

OIL CONSERVATION DIVISION  
 APPROVED JAN 24 1985, 19\_\_\_\_  
 BY \_\_\_\_\_ ORIGINAL SIGNED  
 BY LARRY BROCKS  
 TITLE \_\_\_\_\_ GEOLOGIST - NMOCD

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 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.

Post ID-2  
 1-25-85  
 Com P-AR

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/4/84	Date Compl. Ready to Prod. 1/17/85		Total Depth 5170'			P.B.T.D. 5131'			
Elevations (DF, RKB, RT, GR, etc.) 2878.0 GR		Name of Producing Formation Delaware		Top Oil/Gas Pay 4946'		Tubing Depth 5022'			
Perforations 4946-5022'						Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	151'	250sx
12-1/4"	9-5/8"	486'	500sx
8-3/4"	7"	2918'	150sx
6-1/4"	4-1/2"	5170'	300sx

**V. 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 1/17/85	Date of Test 1/17/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 400	Casing Pressure 400	Choke Size 12/64
Actual Prod. During Test	Oil-Bbls. 300	Water-Bbls. 70	Gas-MCF 310

**GAS WELL**

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