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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator J. C. WILLIAMSON		Well API No. 30-015-27138
Address P. O. BOX 16 MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator		<input type="checkbox"/> Other (Please explain) RECEIVED FEB 9 1993 O. C. D. ARTESIA OFFICE
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name ROSS DRAW UNIT	Well No. 17	Pool Name, Including Formation ROSS DRAW DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM-0555443
Location Unit Letter <u>B</u> : <u>850</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>26-S</u> Range <u>30-E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CO.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159 ARTESIA, NM 88210				
Name of Authorized Transporter of Casinghead Gas CONOCO INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1267 PONCA CITY, OK 74603				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 22	Twp. 26	Rge. 30	Is gas actually connected? Yes	When? 01-09-93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-27-93	Date Compl. Ready to Prod. 01-08-93	Total Depth 6100'		P.B.T.D. 6080'				
Elevations (DF, RKB, RT, GR, etc.) 3017.0' GR	Name of Producing Formation GETTY SAND	Top Oil/Gas Pay 5922'		Tubing Depth 5812'				
Perforations 5922-5998'						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		610'		800sx			
11"	8-5/8"		3330'		1000sx + 200sx			
7-7/8"	5-1/2"		6100'		450sx + 600sx			
	2-7/8"		5812'					

*Part ID-2
 3-5-93
 Camp & BK*

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 01-08-93	Date of Test 01-08-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure pumping	Casing Pressure no packer	Choke Size open tbg.
Actual Prod. During Test	Oil - Bbls. 180	Water - Bbls. 210	Gas- MCF 144

GAS WELL

GOR 800/1

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
 Printed Name JAN PFISTER Title PRODUCTION
 Date 01-13-93 Telephone No. (915) 682-1797

OIL CONSERVATION DIVISION

Date Approved FEB 24 1993
 By ORIGINAL SIGNED BY MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

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

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