

| | |
|------------------------|--------------|
| NO. OF COPIES RECEIVED | 5 |
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS |
| OPERATOR | 2 |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

RECEIVED

MAR 31 1966

| | | |
|--|--|-------------------------------------|
| Operator | J. C. WILLIAMSON | |
| Address | c/o George Kingree, 802 V&J Tower, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | 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 Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner **Robinson Brothers Oil Producers**

I. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|-----------------------------|----------------------|----------------------------|--|---------------------------|---------------|
| Lease Name | Lease No. | Well No. | Pool Name, Including Formation | Kind of Lease | State |
| U. S. Smelting State | | 1 | Wildcat <i>Wichita Falls W. Country</i> | State, Federal or Fee | E-9657 |
| Location | | | | | |
| Unit Letter G | 1960.8 | Feet From The North | Line and 1991.9 | Feet From The East | |
| Line of Section 2 | Township 20-S | Range 28-E | , NMPM, Eddy | | County |

II. 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) |
| The Permian Corporation | Box 3119, Midland, Texas 79701 |
| 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) |
| None | |
| If well produces oil or liquids, give location of tanks. | Unit G Sec. 2 Twp. 20-S Rge. 28-E Is gas actually connected? No When |

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

III. 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 December 20, 1965 | Date Compl. Ready to Prod. March 20, 1966 | Total Depth 9689 | P.B.T.D. 9450 9540 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3274.9' Gr | Name of Producing Formation Lower Wolfcamp | Top Oil/Gas Pay 9422 | Tubing Depth 9388 | | | | | |
| Perforations 9414-18', 9426-30', 9436-40', 9444-46', 9450-53', 9456-60' & 9464-68' w/2 shots per ft. | Depth Casing Shoe 9450 9540 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 15" | 13 3/8" | 350 | 175 | | | | | |
| 12 1/4" | 9 5/8" | 2139 | 150 1275 | | | | | |
| 8 3/4" | 5 1/2" | 9450 9540 | 190 | | | | | |
| | 2" EUE | 9388 | | | | | | |

IV. 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 Tanks March 20, 1966 | Date of Test 3/25/66 - 3/26/66 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 18 hrs. | Tubing Pressure 650 | Casing Pressure Pkr. | Choke Size 14/64th |
| Actual Prod. During Test 204.84 | Oil - Bbls. 264.96 (24 hrs.) | Water - Bbls. None | Gas - MCF 585,562 |

GAS WELL

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

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Production Engineer
 (Title)
March 29, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 31 1966**, 19____

BY **W.A. Gressett**

TITLE **OIL AND GAS INSPECTOR**

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.

