

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

RECEIVED BY
APR -3 1985
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

P. O. BOX 2088
 ARTESIA, NEW MEXICO 87501

Operator **J. C. WILLIAMSON**

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

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name EP-USA	Well No. 8	Pool Name, including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Foreign FEDERAL	Lease No. NM-13997
Location				
Unit Letter K	1980' Feet From The South Line and 1980' Feet From The West			
Line of Section 26	T. wship 26	Range 29	, NMPM, EDDY 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"/> NAVAJO REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159 ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 127 PONCA CITY, OK 74603
If well produces oil or liquids, give location of tanks.	Unit I Sec. 26 Twp. 26 Rge. 29 Is gas actually connected? Yes When 3-27-85

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. <input type="checkbox"/>
Date Spudded 2-28-85	Date Compl. Ready to Prod. 3-27-85	Total Depth 6250'	P.B.T.D. 6208'					
Elevations (DF, RKB, RT, GR, etc.) 2888.2 GR	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 4983'	Tubing Depth 4684' 5065					
Perforations 4983-5065'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	425'	450 sx Class "C"					
11"	8-5/8"	2775'	150 sx Class "C"					
7-7/8"	5-1/2"	6250'	1000 sx in 2 stages					
	2-7/8"	4684' 5065						

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 available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-27-85	Date of Test 3-27-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 50	Choke Size 12/64
Actual Prod. During Test 247	Oil-Bbls. 247	Water-Bbls. 127	Gas-MCF 318

GOR 1247.1

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

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)

Agent _____
 (Title)

April 1, 1985
 (Date)

OIL CONSERVATION DIVISION

APPROVED **APR 11 1985**, 19

BY **Original Signed By**
Les A. Clements
 TITLE **Supervisor District II**

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 deviate tests taken on the well in accordance with RULE 111.
 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 filled for each pool in multi-completed wells.

RECEIVED BY DEPARTMENT OF THE INTERIOR APR 4 1985 ARTESIA OFFICE

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

(See other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM-13997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EP-USA

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

BRUSHY DRAW DELAWARE

11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA

Sec. 26, T-26-S, R-29-E

12. COUNTY OR PARISH EDDY

13. STATE NEW MEXICO

1. TYPE OF WELL: OIL WELL [X] GAS WELL [] DRY [] Other []

b. TYPE OF COMPLETION: WELL [X] OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other []

2. NAME OF OPERATOR J.C. WILLIAMSON

3. ADDRESS OF OPERATOR P.O. BOX 16 MIDLAND, TEXAS 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1980' FSL & 1980' FWL
At top prod. interval reported below 1980' FSL & 1980' FWL
At total depth 1980' FSL & 1980' FWL

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 2-28-85 16. DATE T.D. REACHED 3-12-85 17. DATE COMPL. (Ready to prod.) 3-27-85 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 2888.2 GR 19. ELEV. CASINGHEAD 2890'

20. TOTAL DEPTH, MD & TVD 6250' 21. PLUG, BACK T.D., MD & TVD 6208' 22. IF MULTIPLE COMPL., HOW MANY* N/A 23. INTERVALS DRILLED BY [] ROTARY TOOLS XX CABLE TOOLS []

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4983-5065' DELAWARE 25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN CDL/CNS/GR, BHV X-PLOT, DLL 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

Table with columns: CASINO SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Rows include 13-3/8", 8-5/8", and 5-1/2" casing sizes.

29. LINER RECORD

Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD).

30. TUBING RECORD

Table with columns: SIZE, DEPTH SET (MD), PACKER SET (MD). Includes entry 2-7/8" with depth 4684' 5065'.

31. PERFORATION RECORD (Interval, size and number)

4983-5065' w/29 0.42" holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Includes entry for 4983-5065' interval with acid and sand.

33. PRODUCTION

Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-BBL., FLOW. TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL-BBL., GAS-MCF., OIL GRAVITY-API (CORR.). Includes production data for 3-27-85.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold to Conoco Inc.

TEST WITNESSED BY RALPH E. WILLIAMSON

35. LIST OF ATTACHMENTS

CDL/CNS/GR, BHV X-PLOY, DLL, Deviation report

CARISBAD, NEW MEXICO

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Agent DATE 4/1/85

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP		BOTTOM	DESCRIPTION, CONTENTS, ETC.
	MEAS. DEPTH	TRUE VERT. DEPTH		
Surf. Triassic	0		190	Red shale & cong.
Dewey Lake	190		340	Red shale & Red sand
Rustler	340		495	Anhydrite, lime & sand
Salado	495		1152	Salt detrital, anhydrite
Castille	1152		2938	Salt & anhydrite
Delaware	2938		2958	Lime & shale
Delaware Sand	2958		3860	Sand & blk. shale
Cherry Canyon	3869		5218	Sand, blk. shale & lime
Brushy Canyon	5218		TD	Sand & blk. shale

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Delaware Lime	2938	-37
Cherry Canyon	3860	-959
C.C. Marker	4015	-1114
Brushy Canyon	5218	-2317