

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

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 Williams Oil Company

Address P. O. Box 3012 Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>1-7-89</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input type="checkbox"/> 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	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Brown</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Chaveroo, N.E. San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>---</u>
Location				
Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>7S</u> Range <u>34E</u> . NMPM, <u>Roosevelt</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"/> <u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2436 Abilene, Texas 79604</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589 Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>5</u>
	Twp. <u>7S</u>	Rge. <u>34</u>
Is gas actually connected?		When
<u>No</u>		<u>About 1-1-89</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLETION

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.

R. Williams
(Signature)

President

(Title)

11-14-88

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 30 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9-16-88	11-7-88		4218			4195			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
4331 GL	San Andres		4118			4127			
Perforations						Depth Casing Shoe			
4121-4164						4218			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
11	8 5/8		472			285 sx			
7 7/8	4 1/2		4218			600 sx Class C +			
						225 sx 50-50 poz			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-7-88	11-10-88	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	20	20	Open
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	55	21	65

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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Testing Method (pilot, back pr.)	Tubing Pressure (Start-in)	Casing Pressure (Start-in)	Choke Size
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NOTED: 11-10-88 TO 11-10-88
11-10-88 TO 11-10-88

RECEIVED

NOV 29 1988

OCD
HOBBS OFFICE