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SANTA FE							
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U.S.G.S.					Αl		
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR -							
PRORATION OFFICE							
Operator							
Ralph E. Williamson							
Address							
P.O. Box 16, Midland, TX							
Reason(s) for filing (Check proper box)							
New Well					Cho		
Recompletion					Oil		
Change in Ownership X					Cas		
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DESCRIPTION OF WELL AND LEAS							
Lease Name					We:		
Trainer St					_		
	SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFF Operator Ralph E. Wi Address P.O. BOX 16 Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of previous	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Ralph E. William Address P.O. Box 16, Mid Reason(s) for filing (Check power Well) Recompletion Change in Ownership X If change of ownership give and address of previous ownership and address of previous ownership give an	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE Operator Ralph E. Williamson Address P.O. Box 16, Midlan Reason(s) for filing (Check proper New Well Recompletion Change in Ownership X If change of ownership give nar and address of previous owner.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Ralph E. Williamson Address P.O. Box 16, Midland, Recson(s) for filing (Check proper box) New We!! Recompletion Change in Ownership X If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Ralph E. Williamson Address P.O. Box 16, Midland, TX Recson(s) for filing (Check proper box) New We!! Recompletion Change in Ownership X If change of ownership give name and address of previous owner E DESCRIPTION OF WELL AND LEA		

7/5/79

(Date)

YEW MEXICO OIL CONSERVATION COMMISS'

Form C-104
Superceder Old C-104 and C-

	SANTAFE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65						
	FILE	AND AND						
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	OIL	_						
	TRANSPORTER GAS	-						
	OPERATOR -	-						
_	PROPATION OFFICE	-						
I.	Operator							
	Ralph E. Williamson							
		TX 79702						
	P.O. Box 16, Midland, Reason(s) for filing (Check proper bo.	1A 7970Z	Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Ga	s 🔲					
	Change in Ownership	Casinghead Gas Conden	asate					
	If change of ownership give name and address of previous owner	Estoril Producing Corp	. 1120 Vaughn Bldg., 1	Midland, TX 79701				
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including Fo	1	_				
	Trainer State	1 Spencer (Pa	ddock) State, Federa	or Fee State LG-498				
	Location							
	Unit Letter F ; 165	O Feet From The West Lin	e and 2310 Feet From 1	The North				
	Line of Section 25 To	ownship 17-S Range 36	E, NMPM, Lea	County				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	and come of this form is to be come!				
	Name of Authorized Transporter of O							
	The Permian Corpor		P.O. Box 1183, Houston Address (Give address to which appro-	n, IX 77001				
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent;				
	None	To Bee	is gas actually connected? Wh	en.				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	en				
	L	give location of tanks. 25 17S 36E						
		ith that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Complete		to the second of					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded	Date Compr. Heady to Frod.	Total Bop.iii					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Lie Lines (B1 , Milb, R1 , OR, ele.)							
	Perforations			Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
v	TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
٠.	OIL WELL	able for this de	epth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF				
	<u> </u>			<u></u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. 1681-MCF/D	Length of Test	Ballot Goldanisato, Island					
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	I dbind Pleasure (Shut-In)	Commy r. communication 2007	0.000				
			1 200	TION COMMISSION				
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION					
			APPROVED SEP 2 5 1979					
	I hereby certify that the rules and	regulations of the Oil Conservation	Orig bu					
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED SIP 2 5 1979					
•			LES L. Surve.					
	21 3	4	11166					
	Olary Mally (Signature)		This form is to be filed in compliance with RULE 1104.					
	Stay MAN	21911	If this is a request for allo	If this is a request for allowable for a newly drilled or deepened				
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Agent - Operato)r	All sections of this form my	ust be filled out completely for allow-				
	(7	Title)	able on new and recompleted wells.					

able 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.