

DATE OF FILING	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator J. C. Williamson		CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/1/80	
Address P.O. Box 16, Midland, TX 79702		UNLESS AN EXCEPTION TO R-1070 IS OBTAINED FROM U.S.D.	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Well recently purchased by Williamson, will put back on production from existing perforations	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner Ratliff Exploration Co., Duncan, Oklahoma

DESCRIPTION OF WELL AND LEASE

Lease Name Antebellum Unit	Well No. 2	Pool Name, Including Formation Undesignated (Bone Springs)	Kind of Lease State, Federal or Fee Federal	Lease No. NM18307
Location Unit Letter G : 990-660 Feet From The North Line and 1980 Feet From The East				
Line of Section 29 Township 23-S Range 34E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio St., Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 29
	Twp. 23S	Rge. 34E
	Is gas actually connected? When No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Some Res'v. <input type="checkbox"/> Diff. Rec' <input checked="" type="checkbox"/>
Date Spudded 5/12/75	Date Compl. Ready to Prod. 9/9/76	Total Depth 14,318'	P.B.T.D. 11,292'
Elevations (DF, RKB, RT, GR, etc.) RKB 3533'	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 10,860'	Tubing Depth 5,000' to be changed
Perforations 9574-10,860			Depth Casing Shoe to 10,000'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	625'	1000
	13 3/8"	5260'	4700
	9 5/8"	12,200'	2200
	7"	11,949-14318 (liner)	765

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)

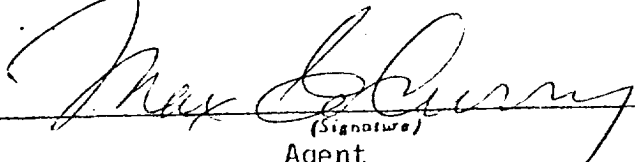
Date First New Oil Run To Tanks 9/9/75	Date of Test 7/30/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure Pump	Casing Pressure 50 psi	Choke Size N/A
Actual Prod. During Test 12.77	Oil-Bbls. 12.77	Water-Bbls. NONE	Gas-MCF TSTM

GAS WELL

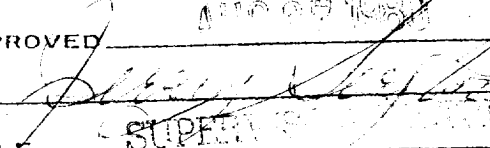
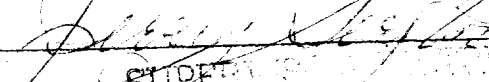
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Date)
8/12/80
(Date)

OIL CONSERVATION DIVISION

APPROVED  10
BY 
TITLE SUPERVISOR

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 deviated 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 multi-completed wells.