

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator Ralph E. Williamson					
Address P. O. Box 16, Midland, Texas 79701					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		CASINGHEAD GAS MUST NOT BE	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	PLACED ABOVE 5/1/75	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070	
		Dry Gas	<input type="checkbox"/>	IS OBTAINED	
		Condensate	<input type="checkbox"/>		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.	
Graham Federal	1	Double X	State, Federal or Fee Federal	LC 062269-A	
Location					
Unit Letter	0	1980	Feet From The East	Line and 660	Feet From The South
Line of Section	22	Township 24 South	Range 32 East	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"/>			Address (Give address to which approved copy of this form is to be sent)		
Scurlock Oil Company			1216 Vaughn Building		
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)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
	0	22	24S	32E	No No market yet
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	Gas Well	New Well	Workover	Deepen
X	X		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1-3-75	3-1-75	4957	4932		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3593 GR	Delaware Sand	4900	4880		
Perforations			Depth Casing Shoe		
4902-4911			4957		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4	8-5/8	354	200		
7-7/8	4-1/2	4957	150		
	2-3/8	4880	---		
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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
1-4-75	1-4-75	Pump			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hours	0	0	Full		
Actual Prod. During Test	Oil-Bbla.	Water-Bbla.	Gas-MCF		
76 barrels	16	60	20		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
I. 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.					
Operator Ralph E. Williamson (Signature)					
Operator (Title)					
1-5-75 (Date)					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19____					
BY _____					
TITLE SUPERVISOR DISTRICT I					
This form is to be filed in compliance with RULE 1104.					
If this is a request for allowables 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 allowables 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.					