

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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"/>	CASSINGHEAD GAS MUST NOT BE PLACED IN THE POOL 5/15/75 UNLESS AN ORDER FROM E-4879 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
SIGNATED BELOW. IF YOU DO NOT CONCUR
COPY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE		R-5015	
Lease Name Wright Federal	Well No. 1	Pool Name, including Formation Double X Delaware	Kind of Lease State, Federal or Fee Federal
Location		Lease No. NM 91	
Unit Letter B		1980 Feet From The East	Line and 660 Feet From The North
Line of Section 27		Township 24S	Range 32E
		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	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 B	Sec. 27
	Twp. 24S	Rge. 32E
	Is gas actually connected? No	When 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 <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. Res'v. <input type="checkbox"/>	
Date Spudded 1-16-75	Date Compl. Ready to Prod. 3-5-75	Total Depth 4927
Elevations (DF, RKB, RT, GR, etc.) 3578 GR	Name of Producing Formation Delaware Sand	Top Oil/Gas Pay 4885
Perforations 4885-4892		P.B.T.D. 4916
		Tubing Depth 4837
		Depth Casing Shoe 4837
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
12-1/4	8-5/8	350
7-7/8	4-1/2	4937
		SACKS CEMENT 150
		150

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-5-75	Date of Test 3-5-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size Full
Actual Prod. During Test 48 barrels	Oil - Bbls. 38	Water - Bbls. 10	Gas - MCF 80

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION
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.		APPROVED _____, 19____
Operator _____		BY _____
(Signature)		TITLE _____
Operator _____		This form is to be filed in compliance with RULE 1104.
(Title)		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.
1-5-75 _____		All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)		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.