NEW XICO OIL CONSERVATION COMM ION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas (Place) 1-9-62 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

J. C. Williamson (Company or Operator) Westates-Federal (Lease), Well No. 7, in NW ¼ NW ¼,

B (Unit Letter), Sec. 1, T. 25-S, R. 37-E, NMPM., North Justis (Fusselman) Pool

Lea County. Date Spudded 11/30/61 Date Drilling Completed 12/29/61

Elevation 3148 R.T. Total Depth 7160' PBTD 7145'

Top Oil/Gas Pay 6804' Name of Prod. Form. Fusselman

PRODUCING INTERVAL -

Perforations 7000' - 7048'

Open Hole — Depth Casing Shoe 7145' Depth Tubing 7128'

OIL WELL TEST -

Natural Prod. Test: 389 bbls.oil, 0 bbls water in 24 hrs, — min. Choke Size 14/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1175 —

Casing Press. Pkr. Tubing Press. 650 Date first new oil run to tanks January 4, 1962

Oil Transporter Cities Service Pet. Co. (Tex-New Mexico P. L. Co.)

Gas Transporter _____

Please indicate location:

D ●	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	226	175
9-5/8	2279	150 Units 100 Sx Lt
7"	7160	490
2" EUE	7128	

Remarks: Lower zone of a dual

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

J. C. WILLIAMSON (Company or Operator)

By: _____ (Signature)

Title Superintendent

Send Communications regarding well to:

Name J. C. Williamson

Address Box 16, Midland, Texas