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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Clayton W. Williams, Jr.,								30-025 08873			
Address											
Six Desta Drive, Suite 30	000, Mid1	and, Te	xas :	79705							
Reason(s) for Filing (Check proper box)					y Oth	et (Please expla	iin)				
New Well Change in Transporter of: effective July 1, 1991											
Recompletion	Oil		Dry (•				,	
Change in Operator	Casinghea	d Gas 🗌	Cond	lensate							
If change of operator give name and address of previous operator	Hal J. F	Rasmusse	n Op	erating. I	nc. Six De	esta Drive,	Suite 27	00. Midla	ınd, Texas	79705	
II. DESCRIPTION OF WELL	AND LE		,								
Lease Name Well No. Pool Name, Includi						, , , , ,			_	ease No.	
State A Ac 2		14	Ja	lmat lansı	11 Yt Sev	en Rivers	State,	EPENNIN KONSTRE	•		
Location											
Unit LetterB	- :	660	Feet	From The	North Lin	e and19	9 <u>80</u> Fe	et From The.	<u>East</u>	Line	
Section 11 Township		220	_		265			1.00		_	
Section 11 Township	<u> </u>	225	Rang	ţe	36E , NI	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
!						Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Co.					Box 2648, Houston, Texas 77001						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company					Six Desta Drive, Suite 5700				idland, T	exas 79705	
				Rge.	is gas actuali		When				
give location of tanks.	<u> </u> i					-	<u>_</u>				
If this production is commingled with that i	from any oth	er lease or	pool, į	give comming!	ing order num	ber:					
IV. COMPLETION DATA						· · · · · · · · · · · · · · · · · · ·				<u></u>	
Designate Type of Completion	⟨ x ⟩	Oil Well	ı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
<u> </u>	,	1			Total	L	L	ļ	<u> </u>	1	
Date Spudded	Date Com	ol. Ready to	Prod.	•	Total Depth			P.B.T.D.			
Florida (DE DED DE CD)						Top Oil/Gas Pay					
Elevations (Dr., RAB, RI, GR, etc.)	ntions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Gas Tay			Tubing Depth		
Perforations								Dorth Casia	asing Shoe		
. 4.04 = 1045								Deput Casin	g snoe		
			0.0	TD10 1100	CE) CE) III	V.C. D.D.CO.D.					
	CEMENTI	NG RECOR	D								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			-	SACKS CEMENT		
					-						
				- 							
V TECT DATA AND REQUES	TEOD	HOW	ADI	<u> </u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after re									C C. !! 34 b	\	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 		of loa	d ou and must	, 				for Juli 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Table Description				Casing Pressu			Choke Size			
Length of Tex	luoing Fre	Tubing Pressure				116		Choke Size			
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
Actual From During For				2012							
	L				<u> </u>			1			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				<u></u>						
VI. OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE							
I hereby certify that the rules and regula	ations of the	Oil Conser	vation		(DIL CON	SERV	NOITA	DIVISIO	N	
Division have been complied with and			en abo	ve				1	1991.		
is true and complete to the best of my k	mowledge at	nd belief.			Date	Approve	d ' ^{: ¹}	1 1	行命(
					Date Approved ORIGINAL SIGNED BY JERRY SEXTON						
Donother Owens											
Signature	Dog. 1	atonu A	nalu	c†	∥ By_						
Dorothea Owens Printed Name	kegui	atory A	Title								
	(01E)	682-63			Title					···-	
June 7, 1991 Date	(313		phone	No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.