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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., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Clayton W. Williams, Jr., Inc. Well API No. 30-025-31045

Address Six Desta Drive, Suite 3000, Midland, Texas 79705

Reason(s) for Filing (Check proper box) Other (Please explain) effective July 1, 1991

New Well Change in Transporter of: Dry Gas

Recompletion Oil

Change in Operator

If change of operator give name and address of previous operator Hal J. Rasmussen Operating Inc., Six Desta Drive, Suite 2700, Midland, Texas 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation (Pro Gas)	Kind of Lease	Lease No.
State A A/C 1	126	Jalmat Tansill Yt Seven Rvrs	Standard	
Location	Unit Letter	Feet From The	North Line and	Feet From The
	C	990	North	1650 West
Section	Township	Range	County	
24	23S	36E	NMFM, Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	Box 42130, Houston, Texas 77242
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Xcel Gas Company	Six Desta Drive, Suite 5700, Midland, Texas 79705
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR 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.

Dorothea Owens
 Signature
 Dorothea Owens Regulatory Analyst
 Printed Name
 June 7, 1991 (915) 682-6324
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10 1991
 By ORISINAL SIGNATURE OF JERRY SEXTON
 Title DISTRICT SUPERVISOR

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.