Submit 5 Comes
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.		IO INA	1135	OTT OIL	AITO ITA		: Well A	Pl No.	 ,		
Operator Clayton W. Williams, Jr., Inc.						30-025- 09319 V					
Address				<u></u>							
Six Desta Drive, Suite	3000, M	idland,	Texas	79705							
Reason(s) for Filing (Check proper box)		_	-		KXI Oth	t (Please expia	iut)				
New Well		Change in	•		effecti	ve July 1,	1991		•		
Recompletion	Oil		Dry G			•					
Change in Operator (L)	பேதமத்தி		್ಯ ತಿ								
If change of operator give name and soldress of previous operator Hall	I. Rasmus	sen Oper	cating	Inc. S	ix Nesta N	rive. Suit	e 2700 M	idland. I	exas 79705		
II. DESCRIPTION OF WELL	AND LE	ASE (TA	$\mathcal{L}_{\mathcal{L}}$								
Lease Name	112 12 21	Well No.		Name, Include	ng Formation			d Lease	1	ase No.	
State A A/C 1		95	Lang	glie Matt	ix Seven F	lvs. Queen	GB State.	XXXXXXXX	<u> </u>		
Location										•	
Unit Letter	_ :	1980	_ Feat F	rom The	South Lin	e and660	Fe	et From The .	West	Line	
1,		225	_	31	SE N	· cm (Lea			County	
Section 11 Townshi	p	23\$	Range		, N	MPM,				COGINEY	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	XX	or Coade		7	Address (Giv	e address to wh			OFM IS 10 DE SE	n()	
Texas New Mexico Pipeline	Co.		· .			30, Houston					
Name of Authorized Transporter of Casin	ghead Gas	XX	or Dr	y Gas [e address to wi					
Xcel Gas Company						Desta Drive			land, lexa	\$ 79705	
If well produces oil or liquids, give location of tanks.	Unut	Sec.	Twp.	Rge.	is gas actuall	y connected?	When				
If this production is commungled with that	(mm .nv .n	her lease or	2001 0	ve commune	ing order num	ber:					
IV. COMPLETION DATA	nom any oc	HEI REALE OF	μω, _Β	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	126 0.00. 0						
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res v	
Designate Type of Completion	- (X)	_i				1	<u> </u>	<u> </u>	L	<u> </u>	
Data Spudded	Date Con	ipi. Ready t	o Prod.		Total Depth			P.B.T.D.			
El (DE DER DE CO)	None of	Producing F	OFFIST :	<u> </u>	Top Oil/Gas	Pay		Tubing Dep	oth .		
Elevauons (DF, RKB, RT, GR, etc.)	Name of	rrocucing r	OHIMANO	~		•		, zoing Dep			
Perforations								Depth Casir	ng Shoe		
		TUBING	, CAS	ING AND	CEMENT	NG RECOR					
HOLE SIZE	C	ASING & T	UBING	SIZE	<u> </u>	DEPTH SET	·	<u> </u>	SACKS CEM	ENT	
											
<u> </u>					· -				<u> </u>		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E							
OIL WELL Test must be after	recovery of	total volum	e of load	– d oil and mus	i be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	rs i	
Date First New Oil Run To Tank	Date of T				Producing N	lethod (Flow, p	ump, gas lýt,	elc.)			
t in the second								Chaba C	 		
Length of Test	Tubing P	Tubing Pressure				Casing Pressure Choke Size					
	1			<u></u>	- Water - Bbi			Gas- MCF			
Actual Prod. During Test	Oil - Bbi	S.			MEL - DOI	-					
-	 				<u> </u>						
GAS WELL	- 11 TO 2014 -	(Tar			Bbis Conde	new MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length o	i ieri			. Julia, Contac						
Testing Method (puot, back pr.)	Tubing F	ressure (Sh	ut-in)		Casing Pres	sure (Shut-in)	·	Choke Size	:		
is many meaner (paor, ouck pr.)		, ,	٠					<u> </u>			
VI. OPERATOR CERTIFIC	CATE	F COM	PLL	LICE	7	011 00:	1050	ATION:	D1/11/01/		
I hereby certify that the rules and reg	ulations of t	he Oil Coas	ervation	1	11	OIL COI				אכ	
Division have been complied with an	d that the in	formation g	Act Toc	ove				m 1	8 1991		
is true and complete to the best of m	A EDOMINATES	and belief.			Dat	e Approve					
Donathe	0 11	10-1	a			C	सद्धारको डा	1567.77	graden eta	\$10M	
					By.		081	36/12/2021	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Signature Dorothea Owens	Regulat	ory Anal	yst								
Printed Name			Tiue	•	Title	e					
June 7, 1991	(915) 6	82-6324 T	alach	- No							
Date		Te	elephoo	€ INO.	11						

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.