Submit 5 Copies
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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSF	PORT OIL	AND	NATUF	RAL G					
Operator Clayton W. Williams, Jr., Inc.								I	Vell API No. 30-025 08794			
Address												
Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box)	00, Midla	nd, Tex	as 79	705	- row	O.L (D/	;					
New Well		Change in	Transr	oorter of:	(XX) effe	Other <i>(Pl</i> ctive J	•					
Recompletion	Oil		Dry C	[]	2110	00110	u., 1,	1331				
Change in Operator	Casinghead	Gas 🗌	Conde	ensate 🗌								
If change of operator give name and address of previous operator H	al J. Rası	mussen	Opera	ting. In	c. Six [esta Di	rive, S	uite 270	O, Midland	Texas 7	9705	
II. DESCRIPTION OF WELL	AND LEA	SE		-								
Lease Name Well No. Pool Name, Include						ion	<u> </u>		d of Lease No.			
State A Ac 2	e A Ac 2 34 Eunice SR							State	- Recipited for Reck			
Location												
Unit Letter J: 1980 Feet From The South Line and 1930 Feet From The East									Line			
Section 5 Township	36E , NMPM,				Lea C ount y							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Shell Pipeline Co. Box 2648, Houston, Texas 7/001												
Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas Company GPM Gas Corporation						Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. EFFECTIVE: Fobruary 1, 1992						
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When							
If this production is commingled with that f	rom any othe	r lease or	pool, gi	ive comming	ling order	number:						
IV. COMPLETION DATA					,	 ,						
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New W	/eil Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
El		, , ,			Top Oiv	lag Day						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Jab Fay		Tubing Dept	oing Depth			
Perforations										Depth Casing Shoe		
LIOLE SIZE	TUBING, CASING AND				 					1010 051		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				<u> </u>	SACKS CEMENT		
					<u> </u>				 			
U TECT DATA AND DECLIES	T FOR A	LOW	DIE									
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal t	o or excee	d ton alle	wahle for th	is depth or he fo	or full 24 hou	ure)	
OIL WELL (Test must be after recovery of total volume of load oil and must 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	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 Co	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
UT ODED ATOD CEDTERO		COLE	TTAN	JCE	ار	 			<u> </u>			
VI. OPERATOR CERTIFICATION OF THE ANALYSIS OF				NCE		OIL	CON	SERV	ATION [DIVISIO	N	
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.						Date Approved						
Deather Owens					17							
Signature					By DWTREAT I SUPE ATACK							
Dorothea Owens Regulatory Analyst												
Printed Name Title June 7, 1991 (915) 682-6324 Title Title												
Data		Tales	shone h	Jo	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.