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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		38	uita re	, New IV	nexico 873	04-2088					
	REQ	_	_		BLE AND	_	–				
I. TO TRANSPORT OIL AND NATURAL GA								Well API No.			
Clayton W. Williams, Jr., Inc. Address						30-025 08795					
Six Desta Drive, Suite 300	oo, Midl	and, Tex	as 79	705							
Reason(s) for Filing (Check proper box)			_			ner (Please exp					
New Well	0.1	Change in			effecti	ve July 1,	1991				
Recompletion U	Oil Casinghe	ad Gas 🗀	Dry Ga Conder								
If change of operator give name	<u>-</u>		<u> </u>								
and address of previous operatorHi II. DESCRIPTION OF WELL.		smussen ASE	Opera:	ting. Ir	_{ic.} Six Des	ta Drive,	Suite 270	O, Midland,	Texas 797	705	
Lease Name					ding Formation		Kind	of Lease No.			
State A Ac 2					Qu, South S			RIGHEREN DAN FRAN			
Location											
Unit Letter D	- · 	60	_ Feet Fi	rom The _	North Lin	e and330) F	eet From The	_West	Line	
Section 5 Township	. 2	<u>2S</u>	Range		36E , N	мрм,		Lea		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NAT	JRAL GAS						
Name of Authorized Transporter of Oil XX or Condensate Shell Pipeline Co.						Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				Is gas actually connected?			When ?			
If this production is commingled with that f	rom any ot	her lease or	pool, giv	ve commin	gling order num	ber:					
IV. COMPLETION DATA			<u></u>				-1	·			
Designate Type of Completion -	· (X)	Oil Well	1 (Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		J	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pav	<u> </u>	T. C D. d			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Gives	• -)		Tubing Depth			
Perforations								Depth Casing S	hoe		
TUBING, CASING AND					CEMENTI			CACKO OF UENT			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					- 						
V. TEST DATA AND REQUES				- 11			an and a fam this	. d (6.11.24 b	. 1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		oj ioaa i	ou ana mus		ethod (Flow, pr			121 24 NOWS		
							,,,				
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	II and at	T			Table Conder	sole AAACE		Gravity of Cond	deserte		
Actual Prod. 1est - MCP/D	Length of Test				Bbls. Condensate/MMCF			Outrily of Council			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	F COMF	LIAN	NCE				:			
I hereby certify that the rules and regula	tions of the	Oil Conser	vation			DIL CON	NSERV.	ATION DI	VISIO	N	
Division have been complied with and t	hat the info	ermation giv	en above	:				L 1 7 198	3]		
is true and complete to the best of my k	nowicage a	LES DELICI.			Date	Approve	d	and*			
Therether	Cer	resi.	_			ONC:No	· 534	151. 333	ON		
Signature			-		∥ By_	A	- 174, , , , , ; (, ,	<u>_s</u>			
Dorothea Owens Printed Name	Kegula	tory Ana	lyst Tide								
June 7, 1991	(915)	682-6324			Fitle						
Date		Tele	phone N	lo.	- []						

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.