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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Clayton W. Williams, Jr., Inc. Well API No. 30-02508798 ✓
Address Six Desta Drive, Suite 3000, Midland, Texas 79705
Reason(s) for Filing (Check proper box) ☒ New Well ☐ Recompletion ☒ Change in Operator ☐ Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☒ Other (Please explain) effective July 1, 1991
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 2	47	Jalmat Tansill Yt Seven Rvrs	State, Production Fee	
Location				
Unit Letter	C	1980 Feet From The West Line and 660 Feet From The North Line		
Section	5	Township 22S Range 36E, NMPM, Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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	<input type="checkbox"/> 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?

If this production is commingled with that from any other lease or pool, give commingling order number.

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 10% 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.

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

OIL CONSERVATION DIVISION

Date Approved June 7 1991
By ORIGINAL SIGNATURE JERRY SEXTON
Title _____

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.