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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

					AND NAT		Well Al	PI No.			
rator								)25 <u>08838</u>	1		
Clayton W. Williams, Jr.							1 30-0	<u>,                                    </u>			
ess Six Desta Drive, Suite 30	100 M:41 √	nd Tava	s 707	'05							
on(s) for Filing (Check proper box)	Joo, Midia	ilu, Texo	13 131			(Please explain					
Well	(	Change in T	ranspor	ter of:	effectiv	e July 1,	1991				
ompletion	Oil	_	Ory Gas								
nge in Operator 🗓	Casinghead	Gas (	Condens						<u>-</u>	70705	
ange of operator give name	Hal J. Ra	smussen	Opera	ating, In	nc. Six D	esta Drive	, Suite 2	700, Midla	nd, lexas	79705	
DESCRIPTION OF WELL											
DESCRIPTION OF WELL	AIND DEST	Well No.	Pool Na	me, Includin	g Formation	(Pro Gas	) Kind o	f Lease HannakonXRH	Lea	se No.	
State A Ac 2		49	Jalm	at Tansi	II Yt Seve	n Rivers	542,70		_1		
ation									North	Line	
Unit LetterC	_ :	1980	Feet Fro	om The	West Line	and	60 Fee	t From The	101 01		
		225	Range		36E , NN	IPM,		Lea		County	
Section 8 Townsh	ip	225	Kange		JOE 114	····					
DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATUI	RAL GAS			af this for	= is to be set	<u> </u>	
ne of Authorized Transporter of Oil		or Condens	ale	XX	Momess (Ow			copy of this for	m & 20 0E 3C	-,	
Shell Pipeline Co.					Box	2648, Hous	ston, lexa	copy of this for	m is to be see	u)	
ne of Authorized Transporter of Casin	ighead Gas		or Dry	Gas XX	Address (Giv	v Desta D	rive. Suit	ce 5700, Mi	dland. T	exas 7970	
Xcel Gas Company	177-2		Twp.	Rge.	Is gas actuall		When				
well produces oil or liquids, e location of tanks.	Unit	Sec. i	twb.	1 1	is gas commu		<u>i</u>				
nis production is commingled with that	from any oth	er lease or p	oool, giv	re commingl	ing order num	er:					
COMPLETION DATA								1 Dr. D. J. (	Cama Basiv	Diff Res'v	
		Oil Well	_ [ -	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Dill Res	
Designate Type of Completion	1 - (X)	1			Total Depth	L	<u> </u>	P.B.T.D.		J	
te Spudded	Date Comp	al. Ready to	Prod.		Total Depair						
TOTAL DESCRIPTION OF THE COLUMN ASSETS	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
evations (DF, RKB, RI, GR, etc.)	ations (DF, RKB, RT, GR, etc.)  Name of Producing Formation										
riorations					<u> </u>			Depth Casing	Shoe		
	1				CEMENTI	NG RECOR	<u>w</u>	T	ACKS CEM	FNT	
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## 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.