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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Clayton W. Williams, Jr., Inc.		Well API No. 30-025-08842
Address Six Desta Drive, Suite 3000, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) effective July 1, 1991 Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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		TA		
Lease Name State A A/C 2	Well No. 55	Pool Name, Including Formation Eunice SR Qu, South	Kind of Lease State, Lease	Lease No.
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 8 Township 22S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation Box 42130, Houston, Texas 77242 EFFECTIVE: February 1, 1992		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla.		
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
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 top allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water - Bbls.
	Gas - MCF

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (prior, back pr.)	Bbls. Condensate/MMCF
	Gravity of Condensate
	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	Regulatory Analyst
Printed Name	Title
Date June 7, 1991	Telephone No. (915) 682-6324

OIL CONSERVATION DIVISION	
Date Approved	JUL 17 1991
By	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
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.