

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Clayton W. Williams, Jr., Inc.		Well API No. 30-025-08859
Address Six Desta Drive, Suite 3000, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
<input checked="" type="checkbox"/> 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		Well No. <u>52</u>	Pool Name, Including Formation Eunice SR Qu, South	Kind of Lease State, <del>XXXXXX</del>	Lease No.
Lease Name State A A/C 2					
Location Unit Letter <u>H</u> : <u>1980</u> Feet From <u>The North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>22S</u> Range <u>36E</u> , <u>NMPM</u> , Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston, Texas 77242	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company		GPM Gas Corporation		Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. <b>EFFECTIVE: February 1, 1992</b>	
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		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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 top 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		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			
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	Regulatory Analyst
Printed Name	Title
Date June 7, 1991	(915) 682-6324 Telephone No.

OIL CONSERVATION DIVISION	
JUL 17 1991	
Date Approved	
By	
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.