Submit 5 Copies State of New Mexico Appropriate District Office Form C-104 Energy, Minerals and Natural Resources Department DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Revised 1-1-89 See Instruction at Bottom of Page **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Artenia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Clayton W. Williams, Jr., Inc. 30-025 08874 Address Six Desta Drive, Suite 3000, Midland, Texas 79705 Reason(s) for Filing (Check proper box) XX Other (Please explain) New Well Γ Change in Transporter of: effective July 1, 1991 Recompletion Oil Dry Gas Change in Operator X Casinghead Gas 🗌 Condensate 📋 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 Kind of Lease Lease No. State A Ac 2 15 Eunice SR Qu, South State, Recent on Free Location С 660 Feet From The North Line and 1980 Unit Letter _ West Feet From The Line Section 11 Township 22S Range 36E . NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001 Γ ٦ Shell Pipeline Co. Name of Authonized Transporter of Casinghead Gas Texace Producting The. X-Ce or Dry Gas Address (Give address to which approved copy of this form is to be sent) Box 728, Hobbs, New Mexico 88240 If well produces oil or liquids, Unit Twp. Sec. Rge. Is gas actually connected? When ? give location of tanks, 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'y Designate Type of Completion - (X) Diff Res'y 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 - Bhis. Water - Bbis Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** 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. JUL 17 1991 Date Approved Junen ORIGINAL SIGNED BY JERRY SEXTON onthe DISTRICT I SUPERVISOR Signature By_ Dorothea Owens Regulatory Analyst Printed Name Title Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(915) 682-6324

June 7, 1991

Date

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.

Telephone No.

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.

JUN 26 1991 CES HOBBS OFFICE

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