Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQUE	STFC	RA	LLOV	NΑ	BLE AND	AUTHOR	ZATION	'			
Operator	<u> </u>	TRA	NSP	ORT	01	<u>L AND NA</u>	TURAL G					
Clayton W. Williams, Jr., Inc.								Well API No. 30-025- 20970				
Six Desta Drive, Su	ite 3000 M i	dland	Tav	ac 70'	705							
Reason(s) for Filing (Check proper box)	100 3000, H1	uranu,	167	as /5	703		er (Please expl	ain)				
New Well	Ch	ange in]	Fransp	orter of:	:		ve July 1,	•				
Recompletion	Oil		Dry G			CITCOLI	ve outj 1,	1731				
Change in Operator	Casinghead G	as 🗌 (Conde	nszte								
If change of eperator give name and address of previous operator Hal	J. Rasmusse	n Oper	atin	a. In		Six Desta	Drive Sui	to 2700	Midland	Toxac 7070		
				91 100	<u> </u>	JIX DESCU	Di IVCS Jui	ce 2700,	midiand,	TEXAS 7970		
II. DESCRIPTION OF WELL Lease Name			Do at N	7 1								
State A Ac 2	Well No. Pool Name, Include 2 59 Eunice SR					- ,			of Lease Lease No.			
Location	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					Qu, South			T NANANANA	R ^o		
Unit LetterK	_ :1980	ı	Feel Fr	om The	. :	South Line	208	30 ,		West		
					_		e and	· l	eet From The		Line	
Section 9 Townshi	ip 22S		Range		36	6E , N	мрм,		.ea		County	
III. DESIGNATION OF TRAN	JCDADTED ()E ()II	4 % 7	75. B.L.	FF1F 11	D.17 G.16						
reame of Authorized Transporter of Oil	or (Condens:	J AIN	D NA	10.	Address (Give	e address to wi	ich approve	d aanu afelia	C 1 - 1		
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 Casin												
Phillips 66 Natural Gas Company GPM Gas Corport If well produces oil or liquids If well produces oil or liquids						Address (Give address to which approved copy of this form is to be sent) EFFECTIVE: tFebrually 0klb? 92						
If well produces oil or liquids, Unit Sec. Twp. Rge						Is gas actually	connected?	Whe				
If this production is commingled with these	from pass of the last			<u> </u>		<u> </u>				··		
If this production is commingled with that IV. COMPLETION DATA	mom any other lea	ase or po	ol, giv	e comm	nugli	ing order numb	er:	 				
	loi	l Well	10	Jas Well	1	New Well	Workover		γ 	<u>, </u>	<u> </u>	
Designate Type of Completion	- (X)	••••	i`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	1 1104 11011	M OITOVEL	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	ady to P	rod.	··		Total Depth			P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations												
		•							Depth Casin	g Shoe		
	TUBI	NG. C	ASIN	JG AN	JD (CEMENTA	IC PECODI					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				<u>. </u>	DEPTH SET			T .	SACKS CEMENT		
						DEF III SET			SAURS CEMENT			
7. TEST DATA AND REQUES	TEIDAIL	OWAD	TE									
/. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must						t 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.)						
			_			•		7 10 7-7 -	,			
igth of Test Tubing Pressure					Casing Pressure	e		Choke Size	Choke Size			
ctual Prod. During Test Oil - Rhie												
tema rice. During rest	Oil - Bbls.					Water - Bbls.			Gas- MCF	······································		
GAS WELL								·	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test		·			50- A						
Langus or seat						Bbls. Condensa	Ne/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				-10	Casing Pressure (Shut-in)			Choke Size				
						(,		Chock Size				
I. OPERATOR CERTIFICA	TE OF CO	MPI.I	ANO	~F					L	- <u> </u>		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved JUL 17 1991						
	owicage and beli-	ci.				Date A	Approved		L 1	ופט		
Drather Owens						Date Approyed SIGNED BY JERRY SEXTON						
Signature Omens						ByDISTRICT + SUPERVISOR						
Dorothea Owens	Regulatory					,						
Printed Name	4=	Tid				Title_						
<u>June 7, 1991</u> Date	(915) 682-	-6324 Telephor	e No						·			

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
- 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.