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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410						AUTHORIZ					
•						TURAL GA	\S				
perator							Well API No.				
Clayton W. Williams, Jr.,	Inc.						30-02	25 <i>2352</i>	: <i>/</i>		
Address											
Six Desta Drive, Suite 30	00, Midla	nd, Texa	as 797	705			<del></del> _				
Reason(s) for Filing (Check proper box)		<del></del>			_	er (Please expla					
New Well		Change in	Transpo	orter of:	effectiv	e July 1,	1991				
Recompletion	Oil		Dry Ga	ıs 🗌							
Change in Operator XX	Casinghead	Gas 🗌	Conde	asaa							
					Civ Doct	a Daivo C	uito 2700	Midland T	AVAC 707	ns	
and address of previous operator HI. DESCRIPTION OF WELL			<u>Operai</u> TA	ting. In	SIX Desi	a prive, 30	arte zroo	, Midland, T	CAUS 757		
	ALVO LEA	Well No.		ame. Includ	ing Formation		Kind o	f Lease	Lez	se No.	
Lease Name		61			Qu, South		State,	Rochestat vok Rock	ļ		
State A Ac 2			<u> </u>	1100 310 0	24, 304011				<del>L</del>		
Location		1000		C		. 1*	700 -	. E Th-	East	Line	
Unit Letter	_ :	1980	Feet F	rom The 🕒	outh Lin	e and17	/ <u>8U</u> re	et From the	East		
			<b>5</b>		36E N7	мрм,		Lea		County	
Section 8 Townshi	<u> </u>	22\$	Range		JOE , N	virm,					
m paratimoticamets	ישיית אחמו	D OF 0	TT A %	יייים גיא בחו	DAT CAS						
III. DESIGNATION OF TRAN	SPURTE	or Conder		NAIU	Address (Gi	e address to wh	ich approved	copy of this form	is to be sen	<u></u>	
Name of Authorized Transporter of Oil Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)  Box 2648, Houston, Texas 77001										
					1				ie to bo se-	<u></u>	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					1			copy of this form	. IJ IU DE SENI	"	
Phillips 66 Natural Gas	company		1=	<del></del>		lesville, (		2			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	Is gas actuall	y connected?	When	f			
give location of tanks.			<u></u>								
If this production is commingled with that	from any oth	er lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA	=:=						. <del></del>				
		Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1			1	<u></u>		ĻL		<u></u>	
Date Spudded	Date Comp	ol. Ready to	o Prod.		Total Depth			P.B.T.D.			
-						·					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
		-									
Perforations	!							Depth Casing S	hoe		
	т	TIRING	CAS	ING AND	CEMENTI	NG RECOR	D D				
HOLE SIZE		SING & T			DEPTH SET			SACKS CEMENT			
HOLE SIZE	+	<u> </u>	000	U.LL							
	<del></del>				<del></del>			1			
					<del> </del>			<del> </del>			
	<del></del>							<del> </del>			
	 		ADTT					<del></del>			
V. TEST DATA AND REQUE	ST FOR A	ILLOW	ABLE	ن , .	a barrana ta s		aumble for the	ie denth or he for	full 24 kour	<b>4.</b> )	
OIL WELL (Test must be after			of load	ou and mu	si be equal to o	r exceed top all lethod (Flow, p	UMB AGE LA	ec)	Jan 17 NOW	•	
Date First New Oil Run To Tank	Date of Te	<b>. . . .</b>			Producing N	ternog (Frow, pr	штұ, даз іуі,	/			
					1			Choke Size			
Length of Test	Tubing Pre	जाप्रक			Casing Press	aire		Choke Size			
								- C MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	<u> </u>		Gas- MCF			
	1							<u> </u>			
	!										
GAS WELL		<del>*</del>			Dhia Canda	nsate/MMCF		Gravity of Cor	idensate		
Actual Prod. Test - MCF/D	Length of	Test			Buis. Conde	Haster MINICIP		, 0, 00			
					Carine Davi	Chut in		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shi	m-iv)		Casing Pres	sure (Shut-in)		CIOLE SIZE			
1											
VI. OPERATOR CERTIFIC	וח שדער	F COM	PITA	NCE		<u> </u>		ATION -			
VI. OPERATOR CERTIFIC	uiniana at il.	· Oil Cour	ervation			OIL COI	NSERV	ATION D	IVISIC	NN .	
I hereby certify that the rules and reg Division have been complied with an	d that the info	omation m	u veuou iven aho	ve				10	1 <i><b>YY</b></i>		
Division have been complied with an is true and complete to the best of my	A priest the life	and belief.		•	D-4	o Annes	nd -	INF I D	100		
15 title and complete to the cear of m	,				Dat	e Approve	<u>د</u>		CEVIO	<u> </u>	
Donther Owens						ORIGINAL SIGNED BY JERRY SEXTON					
	lea 4	and	- u	<del></del> _	By.		DISTRIC	T I SUPERVIS	UK		
Signature Dorothea Owens	Renula	tory An	al vst								
	- Regura		Title		7:41	^					
Printed Name					Title	J					

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

1991

June 7,

Date

(915) 682-6324

- 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.