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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, ... erais 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 III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		10 IRA	411721	OH! OIL	AND NA	TUHAL GA						
Operator Clayton W Williams	lr Inc							API No.				
Clayton W. Williams, Jr., Inc. Address						30-025 - ₀₉₂₃₁						
Six Desta Drive, Suite	e 3000, N	idland,	Texa	s 79705								
Reason(s) for Filing (Check proper box)		~ .	_		XX Oth	er (Please expl	ain)					
New Weil	0.1	Change in	1		effecti	ve July 1,	1991			•		
Recompletion	Oil Caningin	decr. □	Dry C	.uants		, ,						
change of operator give name												
nd address of previous operator Hal	J. Rasmus	ssen Ope	ratin	g_Inc.,_S	ix Desta D	<u> Prive. Suit</u>	e 2700 M	<u>lidland. I</u>	exas 79705	<u>i </u>		
I. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name Well No. Pool Name, Include										ease No.		
State A A/C 1		63	Lan	glie Matt	ix Seven R	Rvs. Queen	GB State,	Frank Pr. Fr	X			
•		1000	_									
Unit Letterl	- :	1980	_ reet i	from the	South Lin	e and	660 Fe	et From The	East	Line		
Section 3 Townshi	p 23S		Range	e 36E	, N	мрм,	Lea			County		
H DESIGNATION OF TRAN	iceoperi	70 05 0	** **	AITA BIAGGET	D.I. C.C							
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPUKII	or Conder	_	ND NATU		e address to wi	hich approved	come of this f	orm is to be re			
Texas New Mexico P	ipeline					Box 42130,				,,		
Name of Authorized Transporter of Casin		XX	or Dr	y Gas		e address to wi						
Xcel Gas Company					1	ix Desta D						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali		When			<u> </u>		
ive location of tanks.	<u> </u>	<u> </u>	<u> </u>		<u> </u>							
this production is commingled with that V. COMPLETION DATA	from any ot	her lease or	pool, g	nve comming	ing order num	ber:						
VI COM DETICION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i									
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producina E	nematio.		Top Oil/Gas Pay Tubing Death							
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1.00 0.000	Tubing Depth						
erforations	÷							Depth Casin	g Shoe			
					,			<u> </u>				
					CEMENTI	NG RECOR			· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	-				:							
									· -			
. TEST DATA AND REQUE												
OIL WELL (Test must be after t			of load	oil and must					for full 24 how	<u>rs.) </u>		
Date First New Oil Run To Tank	Date of To	a a			Producing M	ethod (Flow, pu	ump, gas iyī, e	ic.j				
ength of Test	Tubing Pr	essure		 -	Casing Press	ıre		Choke Size				
Actual Prod. During Test	Oil - Bbls				Water - Bbis.			Gas- MCF				
	:							·				
GAS WELL Actual Prod. Test - MCF/D	Tit in me and and	T			Bbls. Conden			- C	 			
ACTUAL FROM TEST - MCF/D	Leagth of	1 CPT			Bols. Congen	MINICE		Gravity of C	.ondensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
								i i i				
I. OPERATOR CERTIFIC	ATE OF	COMF	PLIA	NCE								
I hereby certify that the rules and regul						DIL CON	ISERV	—				
Division have been complied with and is true and complete to the best of my		_	en abov	ve				JIII	19199	11		
is true and complete to the best of my	THOM SERRE 1	ind belief.			Date	Approve	d		199	/ 3		
Donathia C	men	3 <i>-</i> -										
Signature					By OMGINAL SIGNED BY JERRY SEXTON							
Dorothea Owens	<u>Regulato</u>	ry Analy				į DK	STRICT I SI	JPERVISOR	1			
Printed Name June 7, 1991	(915) 68	2-6324	Title		Title	·			 -			
Date	, , , , , , , , , , , , , , , , , , , ,		phone	No.								
					* 1							

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.