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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRA	NSP	ORT OIL	AND NAT	URAL GA	3	NY N			
perator							Well API No.				
Clayton W. Williams, Jr., Inc.						30-025-09280					
ddress Six Desta Drive, Suite	3000 Mid1	and. T	exas	79705							
esson(s) for Filing (Check proper box)						(Please explain			•		
lew Well	C	Change in Transporter of: effective July 1, 1991									
.ecusolopmoca	Uis .										
hange in Operator	Caringhead (Gas [_	Conce	nute [-	4. 15		runiti f	70705		
change of operator give nama Hall	J. Rasumss	en Ope	ratif	ig Inc., S	ix vesta D	rive, Suite	e 2/00, m	idiand, i	exas /9/05		
. DESCRIPITON OF WELL	AND LEAS	SE	1:				, , , , , , , , , , , , , , , , , , ,	<u> </u>	1 6	ase No.	
eve Name	V	Vell No.		lame, Includio		(Pro Gas		(Learo Projectórocología	1	ase ive	
State A A/C 1		93	Jal	mat Ta <u>nsi</u> l	1 Yt Seve	1 Kivers					
ocation Unit Letter B	•	660	. Feet I	rom The _N	orth Line	and 1980	Fo	et From The	<u>Ea</u>	st Line	
	hia	235	Range		6E NN	ſPM,		Lea	200	County	
00000	7										
II. DESIGNATION OF TRA	NSPORTER	or Coade	IL A!		Address (Give	address to wh	ich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil	1 1): Coulos	U	XX	Во	x 42130, H	ouston, T	exas 7724	2		
Texas New Mexico Pipeline Co. Name of Authorized Transporter of Caringhead Gas or Dry Gas XXX					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transported of Canada					Six Desta Drive, Suite 5700, Midland, Texas 79705						
If well produces oil or liquids, rive location of tanks.	Unit	Soc.	Twp	Rge.	is gas actuali	connected?	When	7	The state of the s		
f this production is commingled with th	at from any othe	r lease or	pool, I	zive commingl	ing order num	жг					
V. COMPLETION DATA							·——) =	10 0	Dia r	
Designate Type of Completic	on - (X)	Oil Wel	u	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
te Spudded Date Compl. Ready to Prod.					Total Depth	·		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					<u> </u>			Depth Casi	ng Shoe		
Perforations									<u> </u>		
		IIBMC	CA	SING AND	CEMENTI	NG RECOR	D				
UOI E 017E	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE	-	· · · · · · · · · · · · · · · · · · ·									
					 			+			
		77.01.	() A TO Y	K	J						
V. TEST DATA AND REQU OIL WELL (Test must be aft	EST FOR A	LLOY	V ALL	ed oil and mus	i he eaual to o	r exceed top al!	owable for th	is depth or be	for full 24 hou	urs.)	
OIL WELL (Test must be aft	er recovery of 10	iai volum	e oj ioc	u ou ena mus	Producing N	lethod (Flow, F	ump, gas lýt,	esc.)			
ate First New Oil Run To Tank Date of Test						<u> </u>					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Lengur & 104			•			<u></u>		Gas- MCP			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.					
GAS WELL					Ibble Cond.	ontate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			1.5, 5		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Siz	Choke Size		
Testing Method (pitot, back pr.)	I from Lt.	Intill Lisenie (2000-m)									
VL OPERATOR CERTIF	TCATE OF	CON	/PLT	ANCE		011 001		/ATION	ו ביייי	ONI:	
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Division have been complied with	and that the inic	XIDS DOD	Млен н	bove .		OIL CO	_	ال إلى ال	ា ១០។		
is true and complete to the best of	my knowledge :	und belief	•		Dat	e Approvi	ed , , , , , , , , , , , , , , , , , , ,	1 57		BX±OM -	
Donathe	Car	2			41		Section 1995 Page 1995 Ji	• • • • • • • • • • • • • • • • • • •		•	
	1 Cone	u			∥ By.						
Signature Dorothea Ovens	Regula	tory A	nalys	t		θ					
Printed Name	(915)	KB2_K2'	2 4		II III				,		
June 7 1991	ובוד)	007-07	Telepho	oe No.	11						

- 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.