

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address
Six Desta Drive, Suite 3000 Midland, Texas 79705

Reason(s) for Filing (Check proper box) ☒ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Change in Operator name only.

Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 04/07/93

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc.

II. DESCRIPTION OF WELL AND LEASE ~~FTA~~ Sheet-In

Location

Unit Letter N : 660 Feet From The South Line and 1930 Feet From The West Line

Section 9 Township 23S Range 36E , NMPM , Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Texas New Mexico Pipeline Company		Box 42130 Houston, Texas 77242				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Xcel Gas Company		6 Desta Dr., Suite 5800 Midland, Texas 79705				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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

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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 10p allowable for this depth or be for full 24 hours)

OIL WELL			
(Test must be after recovery of total volume of total oil and must be equal to)			
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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL OPERATOR CERTIFICATE OF COMPLIANCE

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.

Robin S. McCarley
Signature Robin S. McCarley Production Analyst
Printed Name Title
04/01/93 (915) 682-6324
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By _____ Orig. Signed by _____
Paul Kautz
Geologist
Title _____

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

- 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.