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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 I-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., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

TO ME STATE THE STATE OF THE ST						AUTHORIZ TURAL GA					
Decrator Clayton W. Williams, Jr., Inc.						Well API No. 30-025-09291					
Six Desta Drive, Suite 3	8000, Mid	land, le	exas	79705	XX Oth	et (Please expla	iin)				
eason(s) for Filing (Check proper box)		Change in	Transp	orter of:	W-7-0	ve July 1,					
ecompletion	Oil ·	<u> </u>	D.77 0	_	errecor	ve outy 1,	.,,,				
Change in Operator	Casinghead	d Gae 🔲	Conde	ensate 🗌							
change of operator give name Hall	J. Rasmu	ssen Ope	erati	ng Inc.,	Six Desta	Drive, Sui	te 2700,	Midland,	Texas 7970	)5	
d address of previous operation											
	DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Include					ing Formation (Pro Gas) Kind o			f Lease No.		
case Name State A A/C 1	20 1-7 Tono					11 Yt Seven Ryrs State,			Sedimon k onx Fixe		
ocation											
Unit Letter M	_ :	990	Feet l	From The _	South Lin	e and	990 Fe	et From The	West	Line	
			_		26E N	3.4D8.4	1.00			County	
Section 10 Townshi	p 23S		Range	<u>e                                      </u>	36E , N	MPM,	Lea		·	County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	JRAL GAS						
Name of Authorized Transporter of Oil		or Conder		[XX]	Address (Gi	ve address to wi	hich approved	l copy of this f	orm is to be se	ni)	
Texas New Mexico Pipeli	Box 42130, Houston, Texas 77242										
Vame of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form in to be sent) Six Desta Drive, Suite 5700, Midland, Yexas 79705						
Xcel Gas Company  f well produces oil or liquids,	Unit	Sec.	Twp.	Rge		ly connected?	When		<u></u>		
ive location of tanks.	1		İ	i							
this production is commingled with that	from any ou	er lease or	pool, g	give commin	gling order nun	nber:					
V. COMPLETION DATA		_,					<del></del>	I Dive Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Dill Resv	
Date Spudded		pl. Ready to	o Prod.		Total Depth	1	_1	P.B.T.D.	<u> </u>		
уме зримен		<b>F</b> ,									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
	<u> </u>							Depth Casi	ng Shoe		
Perforations											
TUBING, CASING ANI					CEMENT	ING RECOR	RD.	_ <del>`</del>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E							
OIL WELL (Test must be after	recovery of t	otal volum	e of loa	nd oil and mu	ist be equal to c	or exceed top al	lowable for th	us depth or be	for full 24 ho	ers.)	
Date First New Oil Run To Tank	Date of To				Producing N	Method (Flow, p	oump, gas lift,	elc.)			
					Casing Pres	IGITE.		Choke Siz	Choke Size		
Length of Test	Tubing Pr	Tubing Pressure				Casing 1700010					
ctual Prod. During Test Oil - Bbls.				Water - Bb	ls.		Gas- MCF				
Action 1100 Daily 0.000											
GAS WELL											
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
The Desire (Charles)					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Centilik Liceanic (Streetin)						
	G A 7775 C	E COL	DT T	ANCE				_1			
VI. OPERATOR CERTIFIC	UAIEU	r COM	الملكا	TINCE		OIL CO	NSER\	/ATION	DIVISI	NC	
Division have been complied with an	d that the inf	ormation g	iven ab	ove				1161	8 1991	•	
is true and complete to the best of m	y knowledge	and belief.			Da	te Approv	ed	101-78			
(	$\sim$				11		ORIG	nnal sigi	yst tr ter	RY SEXT	
Donathe	L Um	eus-			Ву			OBTAG	<u> </u>	SOR	
Signature Dorothea Owens	Regula	atory An	alys	t							
Printed Name			Titl		Titl	le					
June 7, 1991	(915)	682-632	elenbor	ne 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 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.