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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

| 000 Rio Brazos Rd., Azzec, NM 87410   | REQUEST F                               | FOR ALLOW                               |                   |   |   |                  |                    |              |  |
|---|---|---|-------------------|---|---|------------------|--------------------|--------------|--|
| erator Clayton W. Williams, Jr., Inc.   |   |   |                   | Well API No.<br>30-025-09303  |   |                  |                    |              |  |
| Address<br>Six Desta Drive, Suite   | 3000, Midland,                          | Texas 79705                             |                   |   |   |                  |                    |              |  |
| Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator |   | in Transporter of:  Dry Gas  Condensate | <b>XX</b><br>effe | Other (Please exp   |   |                  |                    |              |  |
| f change of operator give name Hall   | J. Rasmussen C                          | perating Inc.                           | ., Six De         | sta Orive, Su   | uite 2700,                              | Midland,         | Texa <b>s</b> 7970 | 25           |  |
| I. DESCRIPTION OF WELL  |   | . Pool Name, Inc                        | luding Forms      | uon (Buo Cac)   | Kind                                    | of Lease         |                    | ase No.      |  |
| State A A/C 3AA   | 5                                       |   | _                 | Seven Ryrs  |   | Sextamak anx Fee |                    |              |  |
| Unit Letter G   | : 1980                                  |   |                   | Line and  | 2310 Fe                                 | et From The      | East               | Lne          |  |
| Section 10 Townshi  | i <b>p</b> 23S                          | Range                                   | 36E               | , NMPM,   | Lea                                     |                  | <del></del>        | County       |  |
| II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil                       | SPORTER OF Cond                         |   | TURAL G           | AS<br>(Give address to v  | which appeared                          | Leany of this f  | orm is to be to    | ist)         |  |
| Texas New Mexico Pipeline   | <b></b> i                               | XX                                      | 1                 |   |   |                  |                    | , rey        |  |
| Name of Authorized Transporter of Camp  |   |   |                   | Box 42130, Houston, Texas 77242  Address (Give address to which approved copy of this form is to be sent) |   |                  |                    |              |  |
| Xcel Gas Company  | · · · · · · · · · · · · · · · · · · ·   |   |                   | Six Desta Drive, Suite 5700, Midland, Texas 79705   |   |                  |                    |              |  |
| If well produces oil or liquids,<br>pve location of tanks.                          | Unuit Sec.                              | Twp.   R                                | lge. Is gas a     | tually connected?   | When                                    | 1.7              |                    |              |  |
| f this production is commingled with that   | from any other lease of                 | or pool, give comm                      | ungling order     | ournber:  |   |                  |                    |              |  |
| V. COMPLETION DATA  Designate Type of Completion                                    | - (X)                                   | cil Gas Wei                             | l New \           | Vell Workover   | Deepen                                  | Plug Back        | Same Res v         | Diff Resv    |  |
| Date Spudded  | Date Compi. Ready                       | to Prod.                                | Total D           | :pth  |   | P.B.T.D.         | l                  |              |  |
| Elevauons (DF, RKB, RT, GR, etc.)   | Name of Producing                       | Formation                               | Top Oil           | Gas Pay   | - · · · · · · · · · · · · · · · · · · · | Tubing Dep       | փ                  |              |  |
| Performices   |   |   |                   |   |   | Depth Casin      | ig Shoe            |              |  |
|   | TIBING                                  | G. CASING A                             | VD CEME           | NTING RECO  | RD                                      |                  | <del></del>        | <del> </del> |  |
| HOLE SIZE   |   | TUBING SIZE                             |                   | DEPTH SE  |   |                  | SACKS CEM          | ENT          |  |
|   | <del> </del>                            |   |                   |   |   |                  |                    |              |  |
|   |   |   |                   |   |   |                  |                    |              |  |
| V. TEST DATA AND REQUE  | ST FOR ALLOV<br>recovery of total volum | WABLE                                   | must be equal     | io or exceed top a  | llowable for th                         | u denth or he    | for full 24 hou    | es)          |  |
| Date First New Oil Run To Tank  | Date of Test                            | ne of today or drawn                    | Produci           | ng Method (Flow,  | pwmp, gas lýt.                          | etc.)            |                    |              |  |
| Length of Test  | Tubing Pressure                         |   | Casing            | LEVERILE  |   | Choke Size       |                    |              |  |
| Actual Prod. During Test  | Oil - Bbls.                             |   | Water -           | Bbls  |   | Gas- MCF         |                    |              |  |
| GAS WELL  | -                                       |   |                   |   |   |                  |                    |              |  |
| Actual Prod. Test - MCF/D   | Langth of Test                          |   | Bbis. C           | ondensate/MMCF  |   | Gravity of       | Condensale         |              |  |
| Testing Method (pilot, back pr.)  | Tubing Pressure (St                     | hus-m)                                  | Casing            | Pressure (Shut-in)  |   | Choke Size       |                    |              |  |
| VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu                     | lations of the Oil Cons                 | servallion                              |                   | OIL CO  | NSERV                                   |                  |                    | NC           |  |
| Division have been complied with and is true and complete to the best of my         | knowledge and belief.                   |   |                   | ate Approv  | ed                                      | 19               |                    | <del>,</del> |  |
| Signate   |   | eus                                     | -    E            | y <del>Origina</del>  | AL SIGNED                               | BY JERRY         | SEXTON             |              |  |
| Dorothea Owens Printed Name   | Regulatory Ar                           | Title                                   | -    1            | _   | DISTRICT I S                            |                  |                    |              |  |
| June 7, 1991<br>Date  | (915) 682-632<br>T                      | 24<br>Telephone 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.